HEADQUARTERS CALIFORNIA ARMY NATIONAL GUARD SACRAMENTO, CA 1 FEBRUARY 2008

CAARNG REGULATION 600-1 CA ANG Instruction 36-2601

MILITARY PERSONNEL ON STATE ACTIVE DUTY

FOR THE GOVERNOR:

WILLIAM H WADE II Major General The Adjutant General

OFFICIAL: SYLVIA R CROCKETT COL, GS CAARNG G-1, Army Division

History. This regulation supersedes CAARNGR 600-1/CAANGI 36-2601 dated 1 January 2003.

Summary. This regulation establishes the Military Department's policy regarding the State Active Duty program and is provided as guidance for State Active Duty members and Department leadership.

Applicability. This regulation applies to all California State Active Duty service members.

Supplementation. Supplementation of this regulation is not authorized. Proposed changes will be directed to the Director, State Personnel Programs, for coordination prior to submission to The Adjutant General and his/her State Active Duty Management Council for approval and subsequent implementation. Approved changes will be incorporated and announced as changes to this regulation.



Suggested Improvements. The Director, State Personnel Program is the proponent of this regulation. Users are invited to send comments and suggested improvements to: Office of The Adjutant General, ATTN: Director, State Personnel (CAJS-J1-SP), P.O. Box 269101, Sacramento, CA 95826-9101.

Annual Review. All State Active Duty Instructions, changes and proposed improvements will be reviewed annually for incorporation into this regulation if appropriate. The Director of State Personnel Programs is responsible for coordinating this annual review during the second quarter of the state's fiscal year.

Distribution. Distribution of this regulation is Army - A and Air Force - F.

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CHAPTER 1 GENERAL

1-1. PURPOSE

- a. The purpose of the State Active Duty (SAD) system is to provide a cadre of trained military personnel capable of administering and managing the Military Department. It is a merit-based, career personnel system.
- b. This regulation prescribes policies and procedures for the administration of personnel appointed in a military duty status otherwise known as State Active Duty (SAD) under the provisions of Section 142 and/or 167, California Military and Veterans Code (CMVC).
- c. This regulation is not applicable to personnel called to State Active Duty for emergency purposes under Section 143 and 146, CMVC. Refer to the Emergencies Procedures Manual for Emergency State Active Duty (ESAD) procedures.
- d. All personnel actions are based on equal opportunity for all to the maximum extent possible under the law.

1-2. AUTHORITY

- a. This regulation is issued under authority of Sections 52, 160, 163, and 173, CMVC.
- b. The Adjutant General has authority and responsibility for the administration of the SAD program to include personnel allocation and classification authority. Authority is further delegated to the Director, State Personnel Programs for day-to-day administration, policy recommendations, interagency coordination, and pay determinations related to SAD positions and service members. Any other delegation of authority under this regulation by The Adjutant General shall be made in writing.
- c. The Director, State Personnel Programs shall publish State Active Duty Instructions (SADI) as necessary.

CHAPTER 2 - DEFINITION OF TERMS

2-1. DEFINITIONS:

- a. Active Militia. Comprised of the California Army and Air National Guard, the State Military Reserve and the Naval Militia (Section 120, CMVC). Individuals placed on the California National Guard retired list after completing twenty or more years of creditable military service, active or inactive, are considered as members of the California National Guard (Section 210, CMVC) for employment purposes.
- b. **Budget Act.** The final budget bill passed by both houses of the state legislature and signed into law, after inclusion of any line-item vetoes, by the Governor.
- c. California Military and Veterans Code (CMVC). The legislative and legal authority for establishment of the Military Department, State Militia, State Active Duty, and all administrative actions necessary for the conduct thereof.
- d. California Public Employees Retirement System (CalPERS). The system under which State Active Duty personnel are afforded retirement benefits.
- e. **Fiscal Year.** A 12-month period used for calculating annual financial statements in government, businesses, and other organizations. Regulatory laws regarding accounting require such reports once per twelve months, but do not require that the twelve months constitute a calendar year. The state fiscal year is 1 July 30 June and the federal fiscal year is 1 October 30 September.
- f. Governor's Budget. The annual state expenditure plan proposed by the Governor and introduced as a bill on 10 January for legislative action.
 - g. Indefinite Appointment. An appointment to State Active Duty without time limitation in a

permanent position. Indefinite appointments may only be made to permanent positions.

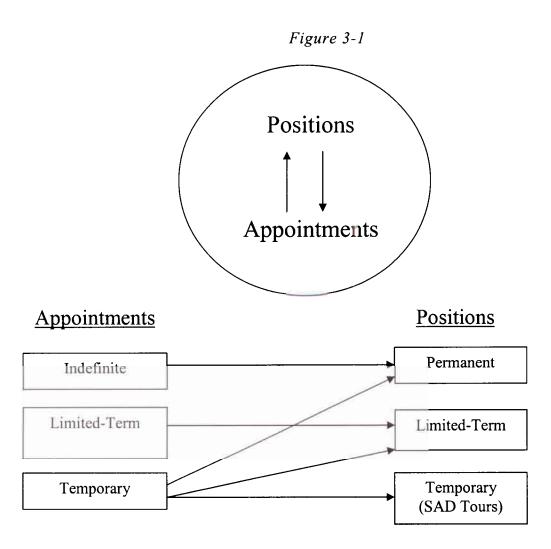
- h. Limited-Term Appointment. An appointment to State Active Duty with a defined ending date outside of the current state or federal fiscal year, dependent on source of funding. These appointments are restricted to limited-term positions authorized in the Governor's Budget.
- i. Limited-Term Position. Positions authorized in the enacted Governor's Budget with a specified end date.
- j. **Key Staff Positions.** These positions are permanent and include General Officer positions listed in Section 161, CMVC, a position associated with a prospective General Officer appointment, or those positions in Appendix B. The Adjutant General may appointment a member of the active militia to key staff positions without vacancy announcement.
- k. **Pay and Allowances.** Entitlements based on federal military pay rates directed by Sections 320 and 321, CMVC.
- l. Pay Rate. Pay level (classification) authorized for State Active Duty positions shown in the Salary and Wages Supplement of the Governor's Budget with authorized modifications thereto.
- m. Pay Warrant. The term used to describe State of California paychecks.
- n. **Permanent Position.** Positions authorized in the Governor's Budget as separate line-items and duty titles.
- o. **Personnel Year (PY).** One service member working on a full-time basis for one year. One personnel year can also be generated by two service members each working one-half year. Personnel year requirements are separate and distinct from funding requirements to fill a position.
- p. Rank. The insignia authorized for wear by the respective active militia component; that is, highest federal or State Military Reserve recognized grade.
- q. Reclassify. The change of duties, responsibilities, title, grade, and/or location of a State Active Duty position.
- r. Retired Annuitant. A retired person from state service who is performing limited duty with the Military Department, appointed under the provisions of Section 21224(a), CalPERS Law/Government Code, and Sections 320 and 322, CMVC.
 - s. Retitle. To change the title or name of a position without changing the grade or location.
- t. Salary and Wages Supplement. A companion document to the annual Governor's Budget that lists all permanent positions, limited-term positions and temporary (SAD Tour) positions, by organizational unit in the Department. This document shows pay level classification, number of positions, and annual salary ranges.
- u. State Active Duty (SAD). The status of personnel ordered to military duty under authority of the Adjutant General in accordance with the provisions of Sections 142 or 167, CMVC.
- v. State Active Duty Management Council (SMC). The Council is comprised of the Deputy Adjutants General (Army and Air), the Director, Joint Staff, and chaired by the Assistant Adjutant General. The Chair may invite other interested personnel. The Director, State Personnel Programs acts as the non-voting recorder and provides the necessary personnel registers to conduct Council business. At the direction of The Adjutant General, the Council meets at least annually (2nd Quarter, state fiscal year) to conduct tenure award recommendations, consider Tier One personnel, review permanent positions of E-9, W-4, W-5, O-5 and O-6 pay rates, initiate Reduction in Force (RIF) procedures for State Active Duty personnel when required and other force management procedures such as Tier Two reviews.
- w. State Active Duty Instructions (SADI). A memorandum of instruction published by the Director, State Personnel Programs that announces policy and clarifies procedures.
- x. Temporary (SAD Tour) Position. A position authorized within the Military Department's Salary and Wages Supplement. Temporary positions, while not specified as to classification or pay rate, are individually accountable against the total Personnel Years (PY) for the Military Department.

- y. **Temporary Appointment.** An appointment to State Active Duty with a defined ending date within the current state or federal fiscal year. Service members with temporary appointments greater than 30 days are entitled to pay, allowances and benefits, which include health, dental, vision, and life insurance.
- z. **Tenure.** A Section 167, CMVC, status that The Adjutant General may award to service members who have been appointed to a State Active Duty permanent position for an indefinite period and have served a minimum of five years on State Active Duty.

CHAPTER 3 POSITIONS

3-1. GENERAL

- a. All service members ordered to State Active Duty under the provisions of this regulation must have an appointment to a permanent position, limited-term position or temporary position. The military grade structure for permanent and temporary positions will be based as closely as possible to military grades established for comparable organizations and positions within the active military services in accordance with Section 164, CMVC.
- b. The following figure illustrates the three types of positions and clarifies the type of appointment of a service member that may be appointed to the position:



3-2. PERMANENT POSITION REVIEW POLICY

- a. All permanent positions will be reviewed at least annually during the 2nd quarter, state fiscal year, or when they are reclassified, re-titled or become vacant. The purpose of the review is to determine if the position is properly classified and/or if it would be more appropriate to convert the position to State Civil Service.
- b. The review process exists to insure there is a military sufficient purpose for each State Active Duty position. The Deputy Adjutants General (Army and Air), the Director, Joint Staff, and the Assistant Adjutant General or their designated representative are responsible for validating all permanent positions with pay rates in their span of control classified E-1 through E-8, W-1 through W-3, and O-1 through O-4.
- c. The SAD Management Council (SMC) is responsible for the remainder of the permanent positions with pay rates in their span of control classified E-9, W-4, W-5, O-5 and O-6.
- d. The Director, State Personnel Programs will provide registers of permanent positions and incumbents to the SMC and respective action offices.
- e. The review and recommendation will be based upon organizational needs and an overall evaluation of the requirements of the position to include, but not limited to:
- (1) The duties of the position require application of technical or operational knowledge of military administration, operations, logistics, programs, or equipment. Knowledge must be acquired through military training and/or education.
- (2) The position requires military skills and professional-level competency in order to plan, train or execute emergency operations.
- (3) The position requires military authority over military personnel (SAD, Federal Technicians, AGR, or ADSW).
- (4) There is no other appropriate, compatible state civil service, federal technician, or AGR classification available or authorized to fill this position or requirement.
 - (5) There are military security requirements associated with the position.
- (6) The position should be tied to appropriate military career or occupational structure of the respective services.

3-3. ESTABLISHING, RECLASSIFYING, RETITLING OR ABOLISHING POSITIONS

- a. Requests to establish, reclassify, retitle, or abolish positions may require Department of Finance (DOF) approval in accordance with its directives and/or the provisions of the State Budget Act. The following actions are required:
- (1) OTAG Form 900-13 (State Active Duty Position Request) will be used to establish reclassify, and retitle positions. All reference forms are provided in Appendix C Forms. Each request must also be accompanied by a completed OTAG Form 900-13a (State Active Duty Position Description), OTAG Form 900-36 (Task Listing), and an organizational chart of the division, directorate or office in which the position is or will be located. This documentation must be submitted to the Office of State Personnel Programs at least 30 days prior to the desired effective date.
- (2) The requesting official for line 6 on OTAG Form 900-13 will normally be directorate level supervisors, ANG Base/Station Commanders or comparable level managers.
- (3) The Director, State Personnel Programs will review the OTAG Form 900-13, and if approved, will insure that requests are verified by the State Comptroller for funding authority and confirmed by the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or the Director, Joint Staff or their designated representative as appropriate. The Director, State Personnel Programs is the office of primary responsibility and will provide written authorization of the grade classification and effective date of the position to the requesting supervisor.

CHAPTER 4 – APPOINTMENTS

4-1. GENERAL

State Active Duty exists to provide a cadre of military personnel capable of staffing the Military Department and to provide The Adjutant General with the capacity to immediately respond to unanticipated requirements. All initial appointments will be made based on a competitive selection process, with the exception of statutory positions as described in Section 161, CMVC, and key staff positions as identified in Appendix B. Upon appointment to a permanent position, limited-term position, or temporary (SAD Tour) position, the active militia rank of a selected applicant can be at, one grade lower or higher than the SAD pay rate of the position. A selected applicant currently serving on SAD with an active militia grade one or more over their assigned SAD pay rate may be reassigned. The following figure illustrates the three types of appointment and corresponding positions:

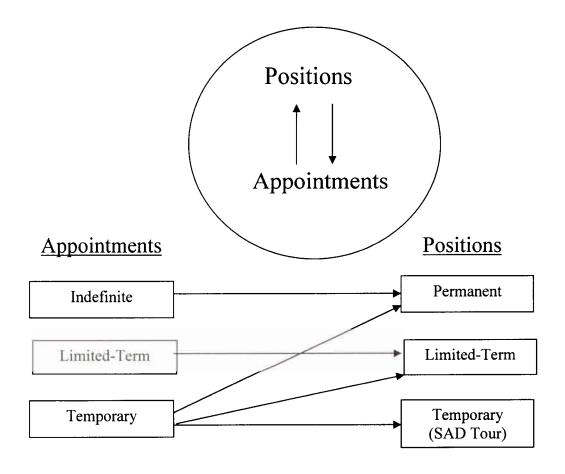


Figure 4-1

4-2. APPOINTMENT QUALIFICATIONS

- a. Only members of the active militia may be appointed to State Active Duty.
- b. Applicants must meet grade eligibility requirements for the position announced.
- c. Applicants must be physically and mentally capable of performing the assigned duties.
- d. Individuals convicted of a felony or those released for misconduct or adverse administrative action as a result of misconduct from federal or state service, civilian or military, are not eligible for a State Active Duty appointment.
- e. A favorable background check from the California Department of Justice or equivalent will be accomplished once an applicant is selected and appointed within the SAD program.
- f. Temporary appointment to a SAD position for personnel past age 60 requires The Adjutant General approval IAW Section 230, CMVC.

4-3. COMPETITIVE SELECTION PROCESS

- a. Position vacancies, except those detailed in Appendix B, will be announced in California National Guard memorandums and distributed to California Army and Air National Guard organizations and other components of the active militia.
- b. Requests for position vacancy announcements will be submitted to the Director, State Personnel Programs for review and processing. The request will be accomplished using OTAG Form 900-22 (SAD/SCS Employee Procurement Request) unless a reclassification is necessary prior to announcement. The request should include the proposed closing date, which is normally 30 45 days from the date of announcement. Applicants will apply for vacancies using OTAG Form 600-8 (SAD Appointment Application).
- c. The Director, State Personnel Programs will categorize the applicants as Tier One, Tier Two or Tier Three as follows:
- (1) Tier One consists of service members that are one or more active militia grades over their assigned SAD pay rate.
- (2) Tier Two consists of service members currently serving at, or one grade below their assigned SAD position pay rate and have served in their current position for three or more years.
 - (3) Tier Three consists of all other eligible applicants.
- d. The Director, State Personnel Programs provides applications categorized as Tier One, Tier Two, or Tier Three to the Selecting Supervisor or the President of the Selection Board.
- (1) If the number of qualified applicants is four or less, a Selection Board is not required; the applications are forwarded to the Selecting Supervisor for consideration and selection.
- (a) The Selecting Supervisor will first consider Tier One applicants. If the Selecting Supervisor does not choose from Tier One applicants, he/she must state in writing the reason for non-selection. The Selecting Supervisor then considers in order, Tier Two and Tier Three applicants. If the Selecting Supervisor fails to select any individual or applicant, the package is returned to the Director, State Personnel Programs for further action.
- (b) A Selection Board may be constituted if the Selecting Supervisor or the Assistant Adjutant General, the Deputy Adjutants General (Army or Air) or the Director, Joint Staff indicates this as their selection

procedure preference.

- (2) If the number of qualified applicants is five or more, the Assistant Adjutant General, the Deputy Adjutants General (Army or Air) or the Director, Joint Staff in consultation with the selecting supervisor and the Director, State Personnel Programs will constitute a Selection Board.
- (a) The Selection Board will be appointed by the Director, State Personnel Programs and will consist of a minimum of three voting members of equal or greater rank than the SAD position pay rate of the vacancy announcement and a non-voting recorder designated by the Director, State Personnel Programs. The senior officer of the Selection Board is the President of the Selection Board. In the case when the Selecting Supervisor is a General Officer, he/she may delegate this responsibility to a member of his/her staff.
- (b) SAD, SCS, Military/Civilian Technicians, Active Guard Reserve (AGR), or Active Duty Special Work (ADSW) personnel may be appointed to the board. Like-rank determinations for civilians appointed to the Selection Board will be based on a comparison of the maximum salary of the civilian position versus the maximum salary including allowances of the SAD position being considered.
- (c) Tier One, Tier Two, and Tier Three applications are forwarded to the President of the Selection Board for consideration and recommendation for the selecting supervisor.
- (d) The selecting supervisor will develop a series of questions associated with the principal duties and responsibilities of the position vacancy. Questions will be completed and provided to the Director, State Personnel Programs prior to convening the Selection Board. Each applicant will be asked the same questions. The Selection Board will conduct in-person interviews and rank the applicants. The series of questions, the board member's interview notes, and the working papers of the Selection Board become part of the announcement file and will be provided to the Director, State Personnel Programs after completion of the selection board process.
- (e) The Director, State Personnel Programs will review the Selection Board process and forward its recommendation to the Selecting Supervisor for selection. The Director, State Personnel Programs will notify in writing those applicants that were not recommended to the Selecting Supervisor.
- e. The Selecting Supervisor will review the Selection Board's recommendation and consider the top three ranked applicants.
- (1) Once the Selecting Supervisor makes a selection, the name of the selected applicant is submitted through the Assistant Adjutant General, appropriate Deputy Adjutant General (Army or Air), or Director, Joint Staff, as appropriate, to the Director, State Personnel Programs. It is essential that the announcement of the selected individual occur after all other applicants considered are advised of their non-selection.
- (2) If the Selecting Supervisor fails to select an applicant, the Selection Board recommendation will be returned through the Assistant Adjutant General, appropriate Deputy Adjutant General (Army or Air), or Director, Joint Staff, as appropriate, to the Director, State Personnel Programs.
- f. The Director, State Personnel Programs will telephonically inform selected and non-selected top three applicants of the final selection decision, ideally on the same day; and, effect the personnel action necessary to appoint or reassign the selected individual into the position vacancy.

4-4. STATUTORY, KEY STAFF AND EMERGENCY

a. Statutory: The Adjutant General will inform the Director, State Personnel Programs of his/her selection for a CAARNG Regulation 600-1/CAANG Instruction 36-2601 • dated 1 February 2008 7

statutory position described in Section 161, CMVC, and the Director will effect the personnel action necessary to appoint or reassign the selected individual into the position vacancy.

b. Key Staff:

- (1) The Adjutant General may use the competitive selection process described in paragraph 4-3 to fill key staff positions identified in Appendix B by informing the Director, State Personnel Programs to announce the position vacancy. The Adjutant General or the Assistant Adjutant General will be the Selecting Supervisor.
- (2) The Adjutant General may also inform the Director, State Personnel Programs of his/her selection for a Key Staff position described in Appendix B and the Director will affect the personnel action necessary to appoint or reassign the selected individual into the position vacancy.
- c. Emergency: Emergency appointments will be temporary (SAD Tour) to meet an unanticipated requirement. The appointment will not exceed 180 days and is not renewable. Emergency appointments are initiated by supervisors using OTAG Form 900-10, submitted through their chain of command, to the Director, State Personnel Programs. The Director will coordinate with the State Comptroller for funding authority and submit the emergency appointment request through the Assistant Adjutant General to The Adjutant General for final approval.

CHAPTER 5 PERSONNEL ACTIONS

5-1. APPOINTMENT/REASSIGNMENT PROCEDURES

- a. Requests for appointment/reassignment will be submitted to the Director, State Personnel Programs for review and processing based upon the selection process outlined in paragraph 4-3 or authorized by The Adjutant General in paragraph 4-4.
- b. The request for appointment/reassignment will be accomplished with an OTAG Form 900-10 (State Active Duty Personnel Action Request). Supervisors shall not allow selected personnel to report for duty without written authorization from the Director, State Personnel Programs.
- c. The Director, State Personnel Programs will insure appointment/reassignment requests are verified by the State Comptroller for funding authority and confirmed by the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or the Director, Joint Staff, or their designated representative, as appropriate.
- d. The Director, State Personnel Programs will notify the submitting supervisor of the approval and publish SAD orders. If the request for appointment/reassignment is not approved, the Director will return the action to the submitting supervisor outlining why the appointment request was not approved.
- e. The submitting supervisor is responsible for prompt submission of necessary appointment/reassignment documents, which are detailed in SADI.

5-2. COMMAND-DIRECTED DETAIL PROCEDURES

a. SAD members may be detailed temporarily to meet mission essential requirements not to exceed 180 days. These personnel actions are initiated by supervisors using an OTAG Form 900-10 and submitted to the

Director, State Personnel Programs.

- b. The Director, State Personnel Programs will insure command-directed detail requests are verified by the State Comptroller for funding authority if needed and confirmed by the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or the Director, Joint Staff, as appropriate.
- c. The Director, State Personnel Programs publishes the memorandum of detail for the affected service member and appropriate chain of command.
- d. Only one extension of the detail is renewable upon request. Alternatives such as reclassification and budget change proposal processing to establish a new requirement must be addressed during the initial period of the command-directed detail.

5-3. INCUMBENT ADVANCEMENT AND REDUCTION PROCEDURES

- a. Incumbent advancement may be accomplished through position reclassification if the duties and responsibilities of the position have been expanded; or, through the competitive selection process.
- b. Incumbent reduction may be accomplished through position reclassification if the duties and responsibilities of the position have been reduced; or, disciplinary action in accordance with paragraph 11-2.

5-4. SEPARATION PROCEDURES

a. Orders shall be published indicating the effective date of separation and stating whether the separation is voluntary or involuntary. Separation is not effective until delivery of the order to the individual has been accomplished.

b. Voluntary Separation

- (1) Service members may request separation from SAD by completing OTAG Form 900-11 (Request for Separation) and forwarding it to their immediate supervisor for concurrence. The supervisor will sign the form and forward it through their chain of command to the Director, State Personnel Programs for appropriate action and publication of orders.
- (2) The service member's final OTAG Form 900-16 (Report of Duty) will be completed, signed by the supervisor, and forwarded with OTAG Form 900-11 to incorporate the planning of leave and/or lump sum distribution.
- (3) The service member will complete OTAG Form 900-28 (Service Member Clearance Form) and submit it to the Director, State Personnel Programs prior to issuance of final payroll and/or lump sum distribution.

c. Involuntary Separation

(1) Requests for involuntary separation for cause will be initiated by the supervisor using OTAG Form 900-11 and submitted through their chain of command to the Director, State Personnel Programs. The requirements outlined in Chapter 11 (Discipline) must be documented.

- (a) The Director will insure involuntary separation for cause requests are verified by the Staff Judge Advocate SJA) for legal sufficiency and confirmed by the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or the Director, Joint Staff, or their designated representative, as appropriate.
- (b) The Director will notify the submitting supervisor of the approval and publish appropriate involuntary separation for cause orders; or, the Director will return the action to the submitting supervisor with justification if the request for involuntary separation is disapproved.
- (2) Separation of service members with indefinite appointments due to reduction in staff or funding will be accomplished in accordance with Reduction in Force (Chapter 15) procedures.

(3) Age 60 Separations

- (a) Service members on SAD, other than the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or Director, Joint Staff; and, those physically disqualified or separated for cause, may remain on SAD either until age 60 or until federal recognition of grade or rank as a member of the California National Guard is withdrawn, whichever occurs later.
- (b) Unless the service member requests earlier separation, age 60 separations will occur on the last day of the month when a service member reaches age 60.
- (c) The Director, State Personnel Programs will advise the appropriate chain of command and the individual service member 90 days in advance of separation for the purpose of staff planning and individual retirement actions with CalPERS.

(4) Medical Fitness for Duty Separation

- (a) Service members will be processed for medical reasons when it is clearly indicated that the individual can not return to duty. Separation may also be appropriate if the period of illness/injury will be of such duration that it is impractical to return the service member to duty.
- (b) Requests for medical fitness for duty separation are initiated by the supervisor using OTAG Form 900-11 and forwarded through their chain of command to the Director, State Personnel Programs. The following will be attached to the OTAG Form 900-11:
- [1] Medical documentation regarding the service member's current medical absences that specifies the nature of the illness/injury and the prognosis for recovery.
 - [2] A signed release of medical records from the service member.
- [3] A current copy of the service member's position description outlining physical and mental requirements to fulfill the duties of the position.
- (c) Failure to comply with proper medical documentation requests will subject the service member to involuntary separation procedures outlined in paragraph 5-4c above.
- (d) The Director, State Personnel Programs will request a medical evaluation by the respective (Army or Air) State Surgeon or other military medical practitioner.

- (e) Based upon the recommendation of the State Surgeon, the Director will either return the action to the submitting supervisor outlining why it was not recommended; or, convene a Medical Evaluation Board (MEB) consisting of the State Surgeon, a military physician, and a field grade officer/warrant officer/senior NCO as appropriate, based upon the SAD pay rate of the service member.
- [1] The Chief, Medical Services Branch will serve as the board recorder without vote. The Director, State Personnel Programs and the SJA will serve as advisors to the MEB without vote.
- [2] The MEB proceedings are limited to review of records. Service members will not be allowed to make a personal appearance. The recorder will prepare the MEB's findings and recommendations and return them to the Director, State Personnel Programs.
- [3] The Director will consolidate and process the MEB findings and recommendations through the Deputy Adjutant General (Army or Air) or Director, Joint Staff, as appropriate, the Assistant Adjutant General to The Adjutant General for final approval.
- [4] The Director will notify the submitting supervisor and the service member of The Adjutant General's approval and publish medical fitness for duty separation orders. If the request for medical fitness for duty separation is not approved, the Director will return the action to the submitting supervisor outlining why it was not approved.

5-5. EXTENSION PROCEDURES

- a. Requests for extension of service members with temporary (SAD Tour) appointments or limited-term appointments will be submitted to the Director, State Personnel Programs 45 days in advance of the end of their term of orders for consideration. Extensions are initiated by supervisors using OTAG Form 900-10.
- (1) The Director will insure extension requests are verified by the State Comptroller for funding authority and confirmed by the Assistant Adjutant General, Deputy Adjutants General (Army or Air), or the Director, Joint Staff, or their designated representative, as appropriate.
- (2) The Director will notify the submitting supervisor of the approval and publish appropriate SAD temporary (SAD Tour) orders or limited-term orders. If the request for extension is not approved, the Director will return the action to the submitting supervisor outlining why the extension request was not approved.
- b. Requests for extension of service members, if desired, who will reach age 60 will be submitted to the Director, State Personnel Programs 45 90 days in advance of their 60^{th} birthday. These extensions are initiated by supervisors, submitted through their chain of command, to the Director, State Personnel Programs.
- (1) The Director will insure extension requests include written justification for the request and also include the following:
 - (a) Efforts to hire for the position
 - (b) Cost effectiveness
 - (c) Unique contributions

- (2) The Director will coordinate with the State Comptroller for funding authority and document the requirement through the Deputy Adjutant General (Army or Air) or Director, Joint Staff, as appropriate, the Assistant Adjutant General to The Adjutant General for final approval.
- (3) The Director will notify the submitting supervisor of the approval and publish SAD temporary (SAD Tour) or limited-term orders in accordance with The Adjutant General's determination and under the authority of Sections 227 or 257, CMVC. If the request for extension is not approved, the Director will return the action to the submitting supervisor outlining why the extension request was not approved.

CHAPTER 6 RETIREMENT

6-1. GENERAL

- a. For the purposes of retirement, all service members are enrolled in the State Miscellaneous Members Option of the California Public Employees Retirement System (CalPERS).
- b. A new retirement program for specified State of California service members hired on or after 11 August 2004 has been established that includes both SAD service members and SCS employees. This retirement program is referred to as the "Alternate Retirement Program (ARP)", and is administered by the Savings Plus Program in the Department of Personnel Administration (DPA) as follows:
- (1) The ARP is a retirement savings program that certain State employees are automatically enrolled in for their first two years of employment with the State of California provided they meet the following criteria:
 - (a) First employed by the State on or after 11 August 2004;
 - (b) Qualify for CalPERS membership in the State Miscellaneous or State Industrial category; and,
- (c) Meet the definition of "State employee" in Section 19815, Government Code, which includes but is not limited to all Executive branch employees who are not elected to office. Coverage in ARP is mandatory; you cannot opt out.
- (2) It is an "alternate" because it provides two years of retirement savings in lieu of two years of retirement service credit under the CalPERS. Even though a service member does not earn retirement service credit with CalPERS during this period, he or she is still a CalPERS member. At the end of this two-year period, paycheck deductions stop going to ARP and begin going to CalPERS instead. At this time a service member will begin earning retirement service credit with CalPERS. At the end of a specified period of time all ARP participants, regardless of employment status, have several options with regard to accumulated ARP account funds to include transferring all funds in your ARP account to CalPERS to buy retirement service credit for the time enrolled in ARP.
- (3) All detailed information regarding the ARP, including "A Fact Sheet for New California State Employees", may be obtained by contacting the Office of State Personnel Programs.
- c. Retirement eligibility is governed in accordance with the CalPERS regulations and laws.
- d. Specific information pertaining to retirement ages and annuity amounts can be determined by using the formula provided in the CalPERS retirement pamphlet which is provided to each eligible service member upon

appointment.

e. An estimate of a retirement allowance can be obtained by completing the CalPERS Retirement Allowance Estimate Request (PERS-MSD-470 [12/06]), and mailing it to CalPERS Member Services Division, P.O. Box 942717, Sacramento, CA 94229-2717, or by accessing CalPERS Online Services for an "Official CalPERS Estimate" at www.calpers.ca.gov/mss-fre/freService. The CalPERS Retirement Allowance Estimate Request form can either be obtained by contacting the Director, State Personnel Programs or by accessing the CalPERS Online Services.

f. Individuals seeking retirement apply to CalPERS using forms provided by CalPERS.

6-2. THE SAVINGS PLUS PROGRAM

- a. The Savings Plus Program (SPP) is a long-term savings program designed to supplement retirement income. The SPP is administered by DPA. The "Savings Plus" is the name of the 401(k) plan and 457 plan available to most SAD service members. The 401(k) plan is a retirement plan governed by Section 401(k) of the Internal Revenue Code, also referred to as a 401(k) Thrift Plan. The 457 plan is a retirement plan governed by Section 457(b) of the Internal Revenue Code, also referred to as a 457 Deferred Compensation Plan. These plans allow a service member to build a retirement savings account using automatic payroll deductions that go into investments you select from the Savings Plus portfolio. Money from your paycheck that you invest this way is not taxed until you eventually withdraw it, generally during retirement. One of the decisions you face when you sign up for Savings Plus is which plan to enroll in: 401(k) or 457. A service member may enroll in both, but that also means you will pay administrative fees for both. Currently, these monthly fees range from \$2 for accounts under \$20,000 to \$4.05 for accounts of \$100,000 or more. The plans have some things in common. For instance, both plans only allow withdrawals under certain circumstances. Both plans allow for age-based deferrals (age 50 or older). However, you cannot participate in age-based deferrals in your 457 plan at the same time you participate in 457 "catch-up" (catch-up deferrals are additional amounts that you may defer to a 457 plan to make up for previous years when you didn't defer the maximum allowable amount. Deferrals may not begin earlier than the year you attain age 47). Remember, these are retirement accounts; not ordinary savings accounts. The key differences in the plans are as follows:
- (1) If you plan to retire before age 55 and begin withdrawals immediately, you should know that early withdrawal penalties apply to the 401(k) but not the 457 plan.
- (2) Another difference is that you can withdraw funds from a 401(k) for a home purchase or college tuition, but not from a 457 account.
- (3) The 457 plan contains a "catch-up" provision that allows you to contribute a higher amount if you were eligible to contribute to a retirement plan in the past but did not; the 401(k) does not have this provision.
- b. An individual may not transfer money from the 401(k) plan to the 457 plan or vice versa. Once you contribute money to one of these plans, it must remain in that plan until eligible for distribution. For additional information regarding the SPP contact the DPA Customer Service line at (866) 566-4777 or the Office of State Personnel Programs.

CHAPTER 7 BENEFITS

7-1. GENERAL

Service members with indefinite appointments, limited-term appointments or temporary (SAD Tour) appointments are entitled to pay, allowances and benefits, which include health, dental, vision and life insurance.

7-2. HEALTH BENEFITS

- a. Service members, as State employees, are eligible for health benefits. The health benefits program for all State employees is administered by CalPERS. CalPERS offer three types of health plans:
 - (1) Preferred Provider Organizations (PPOs)
 - (2) Health Maintenance Organizations (HMOs)
 - (3) Exclusive Provider Organizations (EPOs) (limited to members in certain California counties)

b. Health plans offered, covered benefits, monthly rates, and copayments are determined by the CalPERS Board, which reviews health plan contracts annually. Employers (i.e. Military Department) make a contribution towards the members' monthly premiums, with members covering the difference between the employer's contribution and the actual premium amount. Service members have 60 days from their appointment date to elect to enroll or not to enroll in a health benefits plan. The effective date of coverage is the first day of the month following receipt of HBD 12 (Health Benefit Plan Enrollment Form) in the Office of State Personnel Programs. Available plans and costs are in the CalPERS Health Program Handbook that is provided to service members upon appointment. Supervisors or other designated individuals at duty sites will explain the various plan coverage and costs to service members. Actual costs vary by plan and by the number of covered dependents. Additional information and assistance may be obtained from the Office of State Personnel Programs.

7-3. DENTAL BENEFITS

- a. Service members, as state employees, are eligible for dental care benefits if they have an appointment greater than 30 days. The dental benefits program is administered by DPA, which provides information on dental coverage benefits and plans on their web site http://www.dpa.ca.gov/benefits/health/dental/plans.shtm. Service members have 60 days from their appointment date, or date they become eligible, to elect to enroll in a dental benefits plan. The effective date of coverage cannot be sooner than the first day of the second month following receipt of the dental plan STD Form 692 (Dental Plan Enrollment Authorization) in the Office of State Personnel Programs. The State currently has contracts with three dental carriers: Delta Dental the carrier which provides dental benefit coverage to employees through the Delta Premier Indemnity Plan and the Preferred Provider Option Plan, Private Medical Care Inc. (PMI) and, Safeguard, the pre-paid dental plan providers. There are three types of dental plans available, prepaid, PPO and indemnity:
- (1) Prepaid This plan requires you and your eligible dependents to use a dentist from a specific list of dentists who contract with your selected prepaid carrier.
- (2) PPO This plan provides services through its network of participating dentists, although you can see any dentist of your choice world-wide and still be covered.
- (3) Indemnity This plan does not use a provider network and enrollees are allowed to select a dentist of their choice throughout the United States and world-wide.

- a. Additional information and assistance regarding dental carriers and plans available may be obtained from the Office of State Personnel Programs.
- b. Premium Costs. The state contributes a major portion of the premium costs for the state-sponsored dental insurance programs. Actual costs vary by plan and by the number of covered dependents. Actual rates for all policies are distributed via SADI's on an annual basis by the Director of State Personnel Programs.

7-4. VISION BENEFITS

Service members, as state employees, are eligible for vision insurance benefits. The vision benefit plan for State employees is administered by DPA. Vision Service Plan (VSP) is the vision carrier for the State of California and will be providing the vision coverage under its Regional Network Plan. The state is responsible for payment of your monthly premium to VSP. You and your eligible dependents will be required to pay a \$10 deductible for an eye examination and a \$25 deductible for materials (frame and/or lenses), if needed. Enrollment is automatic. For more detailed description of vision benefits, visit their web site at http://www.dpa.ca.gov/benefits/vision.htm.

7-5. LIFE INSURANCE BENEFITS

- a. Service members automatically receive department paid life insurance coverage between \$25,000 and \$50,000 in term life insurance depending upon their SAD position. The life insurance benefit is administered by DPA.
- b. Service members can expand their term life insurance coverage in \$5,000 increments. Procedures and forms to accomplish this are found in separate benefit correspondence and can be obtained from the Office of State Personnel Programs.

7-6. DEATH BENEFITS (ON DUTY, LINE OF DUTY) AND CASUALTY INSURANCE

- a. Primarily, workers compensation laws (Division 4 [commencing with Section 3201] of the Labor Code) establish state death benefits.
- b. The eligible beneficiaries of service members are provided death benefits upon the death of a CalPERS member before retirement. This includes a member who was actively employed with a CalPERS-covered employer (Military Department) at the time of death, or a member not currently working at a CalPERS-covered employer but who had service or contributions on deposit with CalPERS and had not retired. Information for members and their beneficiaries regarding death benefits, a benefit overview, the application process, and other important information beneficiaries need to know may be obtained by contacting the Office of State Personnel Programs or accessing the CalPERS web site at https://www.calpers.ca.gov/index.jsp?bc=/member/death/home.xml.
- c. Casualty insurance is a benefit provided service members under the provisions of Section 340 (c), CMVC, "Notwithstanding subdivision (a), any officer, warrant officer, or enlisted member on full-time active duty with the Office of the Adjutant General who suffers disability or death in the line of duty from either injury or disease is entitled to receive, from the state, benefits or compensation for that disability or death comparable to that provided to members of the United States armed forces on active duty." The Director, State Personnel Programs in conjunction with the SJA will make the determination of status and benefit.
- d. SAD death benefits include a \$5,000 burial allowance. This amount is provided to offset mortuary, funeral, and cemetery costs. This benefit is a fixed amount regardless of the actual costs (higher or lower). In addition, under the provisions of Section 612, CMVC, "The Adjutant General may, pursuant to rules and regulations adopted for the purpose, deliver to the members of the family of a deceased member of the National Guard or of the State Military Reserve the colors used during the disposition of

the remains of the deceased member according to the custom and usual practice of the United States Army, Air Force, or Navy, which then become the property of the members of the family."

- e. For other State death or disability benefits the application process is similar to standard workers compensation injury actions; supervisors must file initial reports and the Directorate of State Personnel must forward these reports to the servicing State Compensation Insurance Fund (SCIF) office after a legal review by the SJA. Additional information, to include police reports, autopsy results, sworn statement, etc., may be required by SCIF during the processing of this claim. Any disputed claims or litigation will be referred to the SJA.
- f. Beneficiary information will be provided by the Director, State Personnel Programs to SCIF; inquiries from immediate family members, next of kin, prior spouses, etc., will be referred to the claims adjuster at SCIF. The Director, State Personnel Programs may release information to the identified beneficiary.

7-7. ADDITIONAL BENEFIT OPTIONS

- a. Employee Assistance Program (EAP). As a state employee, service members and their eligible dependents have access to a statewide EAP. This program is provided by the State of California as part of the state's commitment to promoting employee health and well being. Offered at no charge to the service member, EAP provides a valuable resource for support and information during difficult times, as well as consultation on day-to-day concerns. Through EAP, service members can receive assistance for alcohol abuse, drug abuse, marital and family issues, and emotional, personal and stress concerns. Critical incidence counseling is also offered when a service member has an immediate need for support stemming from a reaction to a life threatening situation related to their duty or a reaction to a fellow service member being killed or seriously injured. For detailed information and referral assistance, access DPA's web site at http://www.dpa.ca.gov/benefits/eap.htm.
- b. Legal Services Insurance Plan. This plan is an important part of the state's benefits package because it can help service members get sound advice and representation to quickly resolve common legal problems. The plan is a voluntary, employee-paid plan and premiums are paid through monthly payroll deductions. The Legal Services Insurance Plan provides the following covered services:
- (1) Toll-free Legal Advice. The Plan provides a convenient toll-free number that gives the enrolled service member unlimited phone consultation with a law firm in California. The telephone attorneys can also provide other services such as: assistance with the preparation of documents such as childcare authorizations, credit report requests, challenges to denials of credit, and bills of sale related to personal property; review of documents, except those related to trusts or real estate transfer; follow-up correspondence and phone calls to third parties; and, preparation of standard wills including testamentary trusts for minor children, durable power of attorney, health care power of attorney and living wills.
- (2) 100% Paid-in-Full Coverage. The plan also provides for in-office consultation with an attorney. Once you have enrolled in the plan, you will receive a directory of attorneys in the state and a listing of areas of law in which they specialize. If service members need an office consultation, they can call one of the more than 500 attorneys who belong to the plan's California attorney network. When service members use one of these qualified attorneys, the hourly fees the attorney charges will be paid-in-full by the plan for the covered services listed below. The plan does not provide coverage for certain fees such as filing fees, reporters' fees, expert witness fees and other related expenses. A plan member also has the flexibility of using an attorney who is not part of the network. In this case, you are reimbursed after filing a claim for legal fees paid up to a specified dollar limit. The plan's covered services include, but are not limited to, will preparation, domestic matters (divorce, separation, and annulment), bankruptcy proceedings, consumer protection, real estate transactions, and defense of criminal misdemeanors, traffic charges and civil actions.

Several covered services have a "waiting period" which requires that new enrollees remain in the plan for at least six months before they are eligible to receive the services. Each coverage is limited to one use per family, per plan year. For example, services can be received during the year for the defense of one misdemeanor, preparation of one will, filing of one divorce, etc.

Enrollment is only authorized at time of initial appointment or during open enrollment announcements. An open enrollment period is conducted in March and April of each year to provide eligible service members with an opportunity to enroll in the plan. For further information about the plan contact the Office of State Personnel Programs.

- c. Long Term Disability (LTD). The LTD insurance program is a service member-paid program. LTD supplements other income protection plans (PERS Disability, Retirement, Social Security, etc.) to guarantee a monthly income of either up to 55% or 65% of your base salary, depending on your selected plan, and a maximum of \$6,000 per month. Enrollment is only authorized at time of initial appointment or during open enrollment announcements. Benefit payments begin after a 180-day waiting period and are coordinated with income from other sources and are continued up to age 65, provided that disability occurs before age 62. If total disability occurs at or after age 62, benefits will be paid according to prescribed time frames, the minimum monthly benefit, or \$100, whichever is greater.
- d. Long-Term Care. The CalPERS Long-Term Care Program is a voluntary program designed for long-term care of CalPERS' members, retirees, their spouses, parents, and parents-in-law. The program accepts applications for those eligible between the ages of 18 to 79. This benefit would be applicable to those persons who may need care for a degenerative disease such as Alzheimer's; or a chronic condition such as Parkinson's disease, and arthritis. Enrollment is only authorized at time of initial appointment or during open enrollment announcements. CalPERS administers this program. For more information call 1-800-982-1775, or their web site at http://www.calpers.ca.gov/index.jsp?bc=/member/ltc/home.xml.
- e. CalPERS Service Credit Purchase Option. Eligible CalPERS service members may purchase additional service credit if the service member served on active military duty prior to their CalPERS membership or took a leave of absence to serve on active duty. CalPERS offers a variety of service credit purchase options. However, there are some limitations on who is eligible. Review the purchase option information carefully to see if you might qualify to purchase additional service. In most cases you will be required to pay for this additional service. The costs are determined using formulas that are established by law and may differ based on the type of service you will be purchasing. Only you can decide if the increase to your future benefits is worth the cost. This option allows you to purchase up to five years of service credit that is not based on employment. CalPERS administers this program. For more information call 1-888-225-7377 or on the web at

http://www.calpers.ca.gov/index.jsp?bc=/member/service-credit/purchase-options/home.xml.

f. CalPERS Member Home Loan Program. Eligible CalPERS service members may participate in this program which provides security, protection and choice when purchasing or refinancing a home. You can find more detail about loan choices, 100 percent loan financing, interest rates and special loan programs at their web site address http://www.calpers.ca.gov/index.jsp?bc=/member/homeloan/home.xml or by calling 1-800-874-7377.

CHAPTER 8 DUTY RELATED INJURY/ILLNESS

8-1. GENERAL

Workers' compensation is insurance that the law requires the Military Department to carry to help service members if they are injured on the job or if they become ill due to their job. An injury or illness that occurs due to employment is considered a workers' compensation injury or illness. Under workers' compensation law, service members will receive help if they are injured, no matter

who is at fault. SCIF is the insurance carrier chosen to provide workers' compensation coverage. For the purposes of this section, service members are covered under SCIF for duty related injuries and illnesses. Workers' compensation is only for injuries or illnesses that occur due to employment. Workers' compensation is separate from personal health-care insurance and covers work-related injuries and illnesses only. There is no deductible as the insurance carrier (SCIF) pays all approved medical bills. It is important to notify the SCIF/Return to Duty Coordinator within the Office of State Personnel Programs and advise the treating physician that your injury or illness is work-related.

8-2. BENEFIT

Service members receive benefits from SCIF. Benefits are provided for duty related injuries and illness as follows:

- a. Within one day after a service member files a claim form, the law requires the employer to authorize medical treatment as required and limited by the law, until the claim is accepted or rejected, up to a limit of \$10,000 in total. All medical treatment is provided in accordance with the medical treatment utilization schedule.
- b. If SCIF accepts the claim they will pay all approved medical care that is reasonable, necessary, and supported by evidence-based treatment guidelines. This care may include doctors, hospital services, physical therapy, lab tests, x-rays, medicines, and related reasonable transportation expenses. There are limits on the number of chiropractic, occupational therapy, and physical therapy visits.
- c. SCIF pays for all authorized treatment, so service members should not receive any bills. The law states that service members are not responsible for copayments or balance-due bills after SCIF has paid the provider. If a service member receives a bill, or a medical provider or pharmacy demands payment up-front, contact your SCIF claims representative immediately.
- d. If a service member's injury or illness results in a permanent impairment that diminishes their future earning capacity, SCIF will also pay permanent disability benefits. In the event of a work-related death, SCIF will pay death benefits to the qualified surviving dependents.

8-3. PROCEDURES

- a. Service member responsibilities. In the event of a duty related illness or injury the service member will:
- (1) Report duty-related injury/illness to the supervisor immediately, but not later than 24 hours after the incident.
- (2) Obtain medical treatment if necessary and return to duty unless otherwise advised by a physician.
- (3) Keep supervisor informed of any change in status or condition including a return to duty date, if known.
- (4) Complete the service member's portion of SCIF Form 3301 (Employee's Claim for Workers' Compensation Benefits), and forward to supervisor within 24 hours of illness/injury for completion of the employer portion of the form.
- b. Supervisor responsibilities. In the event of a duty-related illness/injury the supervisor will determine the severity of the medical situation and take necessary action considering the following:
 - (1) Service member's wounds, pain, suffering, and urgency for treatment.
- (2) Service member's physical limitation and transportation requirements to home, physician, or emergency facility (911). If the individual is taken to an emergency facility, the Director, State Personnel Programs must be immediately notified so that emergency notification of next of kin can be accomplished.

- (3) Complete the employer portion of SCIF Form 3301 and return a copy immediately to service member, and then forward the form to the Office of State Personnel Programs no later than one day after illness or injury occurs. If the service member is unable to complete the service member portion of the claim form, the supervisor must fulfill his/her obligation to submit and alert the Director, State Personnel Programs within 24 hours.
- (4) Complete SCIF Form 3067 (Employer's Report of Occupational Injury or Illness) and forward to the Office of State Personnel Programs no later than 24 hours after illness/injury occurs.

CHAPTER 9 LEAVE AND HOURS OF DUTY

9-1. GENERAL

- a. Service members are subject to jurisdiction of California National Guard Manual for Courts-Marshal during the entire period of duty, 24 hours per day and may be required to perform duty at any time. Normally, however, service members are required to report for duty a minimum of 40 hours per week.
- b. Normal duty hours for the Military Department are 0800-1630 hours, Monday through Friday.
- (1) Directors will have the latitude to modify the duty day by allowing some personnel to begin earlier or stay late to provide the coverage necessary for their Directorate. These modifications will not be less than the general five-day, eight-hours per day work schedule.
- (2) Deputy Adjutants General or Director of the Joint Staff are authorized to grant temporary adjustments to the workweek to satisfy a specific mission requirement.
- (3) Deputy Adjutants General or Director, Joint Staff, may approve a service member's request for a temporary exception to this policy based only on significant personal hardship, providing the period requested does not adversely impact the mission.
- c. Full days of absence from duty other than weekends, holidays or scheduled days off will be charged as ordinary leave, sick leave, military leave, leave without pay, personal holiday, or pass (regular or special), as appropriate.

9-2. TYPES OF LEAVE

a. Ordinary Leave

- (1) Ordinary Leave is authorized to all personnel on State Active Duty whose appointment exceeds 30 days. Ordinary Leave is earned at the rate of 2.5 days per month. No leave is earned during periods of leave without pay. The computation of leave credits for any fractional part of a month is computed in accordance with applicable Department of Defense military regulations (Table 2-1, AR 600-8-10, and AFI 36-3003). When individuals on State Active Duty are not performing duty and are away from their duty place for periods of time between duty hours or on weekends or holidays, they are considered as being "on pass".
- (2) The use of Ordinary Leave must be approved in advance by appropriate supervisors using OTAG Form 900-14 (Request for Leave). These forms are for local use only and will not be forwarded to the Office of State Personnel. Periods of leave are reported monthly on the Report of Duty form (OTAG 900-16).
- (3) Leave taken and leave accrued will be accounted for on a State fiscal year (1 July-30 June) basis. All ordinary leave accrued in excess of sixty (60) days will be forfeited on 30 June of each year. Ordinary leave, which commences during one fiscal year and is completed in the following fiscal year,

will be charged in the fiscal year in which each portion falls. Supervisors are responsible for insuring the use of leave during periods of their activities, missions, and are consistent with member's desires when possible. They must also insure scheduling of leave in such a manner so as to preclude the loss of leave by their subordinates. SAD members who anticipate having in excess of 60 days of annual leave accrued by the end of the fiscal year, due to exceptional circumstances, may request a waiver 45 days prior to the end of the fiscal year through their chain of command to the Director, State Personnel Programs for consideration and recommendation to the The Adjutant General.

- (4) Weekends falling within a period of ordinary leave must be charged as leave.
- (5) The day of departure, regardless of the hour, is the first day of leave. If the individual performs duty for half or more of their normal duty hours on the day of departure, the following day will be counted as the first day of leave.
- (6) The day of return, regardless of the hour, is the last day of leave unless the individual performed duty for half or more of the normal duty hours, or it is a non-duty day. If duty is performed for half or more of the normal duty hours on the day of return, or if the day of return is a non-duty day, the preceding day will be counted as the last day of leave.
- (7) Lump Sum Leave payments may be made to service members separating from SAD with remaining accrued Ordinary Leave at the time of their separation. Lump Sum Leave payments are limited to a lifetime maximum of sixty (60) days and consists of base pay only for each day of accrued leave.
- (8) Use of ordinary leave as terminal leave prior to a service member's separation date may be authorized if requested by the member through their supervisor and chain of command and authorized by the Director, State Personnel Programs. Terminal leave must commence so that it is completed on or before the date of mandatory retirement or end of orders.

b. Personal Holiday Pass (PH)

Service members are authorized to take one Personal Holiday Pass (PH) consisting of one day off without charge to leave during each fiscal year. The Personal Holiday Pass may not be carried forward from one fiscal year to the next. The use of a Personal Holiday Pass must be approved in advance by appropriate supervisor.

c. Non-Pay Status

Service members will be in a non-pay status when on Leave Without Pay (LWOP) or when absent without leave (AWOL). Neither ordinary nor military leave will accrue when in a non-pay status.

(1) Leave Without Pay (LWOP)

- (a) Leave without pay will only be granted to service members under exceptional circumstances. When granted, such leave will be without pay and allowances. Attendance at a service school or performing other active duty (i.e., AAT, ADSW, tours, etc.) after military leave has been totally utilized is considered an "exceptional circumstance".
- (b) The use of leave without pay must be approved in advance by the appropriate supervisor and the Director, State Personnel Programs, using OTAG Form 900-14. Periods of leave without pay will be reported on OTAG Form 900-16.

(2) Absent Without Leave (AWOL)

- (a) A service member is considered absent without leave (AWOL) upon:
- (1) Failure to report to duty and without notice to the supervisor.
- (2) Failure to report for duty when a request for leave has been disapproved.
- (3) Failure to return to duty from an approved leave of absence.
- (b) Absent without leave will be coded on a full day basis.
- (c) Periods of AWOL will be reported on OTAG Form 900-16 (Report of Duty) using Code "AW".
- (d) AWOL is an offense that is not tolerated and may subject a member to disciplinary measures.

(e) For additional information, refer to Chapter 11, Discipline.

d. Sick Leave

- (1) A classification of leave has been developed by the Department for statistical and accounting purposes and for administering the pay of service members during periods of personal illness. It does not provide additional leave but is established to indicate status only. Sick leave may not be used for family illness or injury. Absences required because of family illness or injury will be in an ordinary leave or a leave without pay status.
- (2) Sick leave will be coded on a full day basis. The first full day of absence will be considered as the first day of sick leave. The day of return, regardless of the hour, will be considered a day of duty. Sick Leave will be reported on OTAG Form 600-1, and a copy will accompany the end of month OTAG Form 900-16. A statement from a medical doctor, licensed in the State of California, explaining the condition that affects the service member's ability to perform duty or renders the service member unable to perform duty is required for absences over three days, but may be waived by the supervisor for periods up to seven days when the illness or injury can be verified.
- (3) When the period of absence due to illness or injury exceeds 30 consecutive days or exceeds 60 days within a 12-month period, a written request for extended sick leave shall be forwarded to the Director, State Personnel Programs. The Director, State Personnel Programs will approve the request or consider convening a medical evaluation board, as appropriate. Refer to paragraph 5-4 c(4)(a), Medical Fitness for Duty Separation, and the process for Medical Evaluation Boards.

e. Maternity Leave

- (1) All female service members are eligible for maternity leave.
- (2) Service members will continue to perform duties during the prenatal period except when their physical condition incident to pregnancy precludes performing duty. Limited duty tasks may also be designated during this period. Supervisors will obtain confirmation from the member's attending physician regarding inability to perform duty.
- (3) Maternity leave will be authorized for 42 consecutive, calendar days during the postpartum period. Any additional absence requirements for either the care of the member or child; will be in a sick leave, ordinary leave or leave without pay status. OTAG Form 900-16 will reflect code B used for maternity leave. A birth certificate and/or medical statement of birth will establish the initiation of maternity leave.

f. Military Leave

- (1) For the purpose of this section, service members are considered public employees within the meaning of Section_395, CMVC and related provisions. All service members are eligible for military leave once they meet the statutory one-year requirement described below.
- (a) Entitlement to paid military leave begins when a service member has completed one year of continuous service in a state position.
- (b) Recognized previous military service may be combined with state service to meet the one-year requirement.
- (c) For the purpose of determining eligibility for military leave recognized military service includes full-time service (active duty) during any period of time with the Army, Navy, Air Force, Marine Corps, and Coast Guard, to include active duty with reserve components.
- (2) Service members who qualify for military leave are authorized a maximum of 30 calendar days Military Leave each state fiscal year. With the exception of Inactive Duty Training (IDT), each day of active duty, including weekends and holidays, must be charged to military leave or other leave when military leave is exhausted. When a service member has exhausted all military leave and performs additional active military duty, at the member's option, ordinary leave, leave without pay, or personal holiday will be charged for days when active duty is performed. Military leave must be exhausted before ordinary or leave without pay can be charged for military duty, and must be approved in advance by appropriate supervisor using OTAG Form 900-14.

- (3) Military leave may be used for the performance of IDT during the service member's normal duty hours.
 - (4) Service members will receive full SAD pay and allowances while on military leave.
- (5) If a service member is not entitled to military leave and performs active military duty, at the member's option, ordinary leave or leave without pay will be charged for days when active duty is performed.
- (6) Indefinite military leave is granted to a service member ordered to extended active duty. If the individual is eligible, the first 30 days of such duty will be in a paid military leave status less any military leave previously used during the fiscal year. In cases where an active duty tour will exceed 180 days (long-term military leave), service members remain on SAD and placed in a "Military Furlough" status. The eligible service member will accrue 2.5 days of ordinary leave during the first 24 months of indefinite military leave.
- (7) Under Section 19772, Government Code, "Short-term military leave" means a leave for six months or less. Military furlough status indicates the service member is entering on active duty and is expected to return to his or her SAD position. Service members may be entitled to reemployment rights.
- (8) Upon termination of active military service, State Active Duty personnel on military furlough with reemployment rights may be reinstated to their former or a comparable position of like seniority and pay. The service member must make application for reemployment within 90 days of release from active duty.
- (9) Reemployment Rights. The Federal reemployment rights statute (Sections 2024(a) and (b), Title 38, U.S. Code) states that there is a four-year cumulative active duty limitation on assertion of reemployment rights by a returning service member. The four-year cumulative limit applies to active duty performed after 1 August 1961 by a service member while working for the same employer. If the member's cumulative total of active duty exceeds four years he or she will not be entitled to reemployment rights. If additional service beyond the four years is "imposed pursuant to law" (i.e., the period of duty for a member involuntarily called to active duty is extended), the member may still claim reemployment rights. However, this does not apply for a tour extension "at the request and for the convenience of the Federal Government." The following forms of military duty do not count toward the four-year maximum:
 - (a) Initial Active Duty for Training (2024(c), Title 32 USC).
 - (b) Active Duty for Training (2024(d), Title 32 USC, AT, Schools or ADSW).
 - (c) Inactive Duty for Training (2024(d), Title 38 USC, Drill, AFTP's).
 - (d) Full Time Duty In National Guard (2024(f), Title 32 USC, AGR)
 - (e) Call to Active Duty Up to 180 days (6736, Title 10 USC)

g. Pass (Regular and Special)

- (1) General.
- (a) This section provides information to help approving officials understand regular and special pass periods. These are absences authorized to provide respite from the working environment or for other reasons and not charged to leave.
 - (b) An approving official is defined as a director, director equivalent or higher.
 - (2) Regular and Special Pass Information.
 - (a) Pass Period: A pass period is an authorized absence from duty for a relatively short time.
- (1) The period begins at the end of normal working hours on a duty day and ends at the beginning of normal working hours the next duty day.
- (2) At the beginning and end of the pass period, the member must be in the local area. The local area is the place from which they regularly commute to work.
- (b) Regular Pass: State Active Duty service member are considered to be on a regular pass when in a normal non-duty status, remain in the local area and are subject to recall to the duty site.
- (1) A regular pass starts after normal working hours on a given day and stops at the beginning of normal working hours on the next working day.
 - (2) A regular pass normally begins at the end of working hours on Friday afternoon until the

beginning of the normal working hours on the following Monday when non-duty days are Saturday and Sunday.

- (3) A regular pass period (non-duty days) may not exceed the 4-day special pass limitation. The combination of non-duty days and a public holiday may not exceed the 4-day special pass limitation.
- (c) Special Pass: An approving official may award 3 or 4-day special pass for noteworthy duty performance, such as for some type of recognition for extensive service rendered during a state emergency, etc. The special pass is not a service member initiated event, but rather a management-initiated action. Special passes start after normal working hours on a given day. They stop at the beginning of normal working hours on either the 4th day for a 3-day special pass or the 5thday for a 4-day special pass. A 3-day special pass can be Friday through Sunday, Saturday through Monday, or Tuesday through Thursday. A 4-day special pass can be Thursday through Sunday or Saturday through Tuesday.
 - (d) Regular and Special Pass Guidelines for approving officials:
- (1) An approving official may require service members to be able to return to duty within a reasonable time in the event of a mission requirement.
 - (2) The approving official may revoke regular or special passes at anytime.
- (3) Service members must be informed that if the authorized absence exceeds the pass period it will be considered chargeable leave.
 - (4) Special passes will not be approved in conjunction with leave.
 - (5) Special passes will not be granted in series.
- (6) Service members will be informed that they cannot use regular or special pass periods to extend TDY periods.
- (7) A special pass will not be approved if in conjunction with non-duty days exceeding a 4-day special pass limitation.
- (8) Service members are authorized a maximum of four days of special pass during any one semi-annual period.
- (9) Safe Travel Guidelines. Service members on non-duty status (regular or special pass) should use Operational Risk Management (ORM) principles to assess all hazards and control risks prior to excessive or hazardous travel, especially by automobile.

9-3. REPORTING PROCEDURES

Attendance reporting procedures are outlined in SADI's and published whenever required to clarify or expand reporting requirements.

CHAPTER 10 UNEMPLOYMENT INSURANCE

10-1. PURPOSE

This guidance provides administration and management of the Unemployment Insurance (UI) program for service members.

10-2. RESPONSIBILITY

Under the provisions of Section 301, California Unemployment Insurance Code (CUIC), the state Employment Development Department (EDD) has overall responsibility for administering the Unemployment Insurance (UI) program for all state and private sector service members. Within the Military Department the Director,

State Personnel Programs is designated as the administrator of the Department Unemployment Insurance Claims Management Program. It is the responsibility of the Director, State Personnel Programs to ensure service members and supervisors are informed of their rights under the CUIC and to maintain an internal administrative procedure for monitoring and reviewing UI claims.

10-3. UNEMPLOYMENT BENEFITS AND ELIGIBILITY

- a. Unemployment benefits are available to former service members. Service members may be entitled to part or full UI benefits in accordance with the state UI code provided they:
 - (1) Have received enough wages during the base period to establish a claim.
 - (2) Be totally or partially unemployed.
 - (3) Be unemployed through no fault of his/her own.
 - (4) Be physically able to work.
 - (5) Be available for work which means to be ready and willing to immediately accept work.
 - (6) Be actively looking for work.
 - (7) Meet eligibility requirements each week benefits are claimed.
 - (8) Be approved for training before training benefits can be paid.
 - b. A service member claimant may be disqualified for UI by EDD under any of the following conditions:
 - (1) Voluntary separation.
 - (2) Is not legally entitled to work in the United States.
 - (3) Was discharged or fired for reasons other than lack of work.
- (4) Performed services as a sports or athletic participant and is expected to do so in the following season.
 - (5) Left because of a work dispute.
 - (6) Made false statements or withheld information when filing for benefits.
 - (7) Is receiving a pension based on prior work.
 - (8) Is not able to work, or available for work.
 - (9) Has refused employment.
 - (10) Is not actively looking for work.

10-4. SERVICE MEMBER CLAIMS PROCEDURE

- a. The Military Department, specifically the Directorate of State Personnel Programs, must provide a copy of the booklet, "For Your Benefit California's Programs for the Unemployed (DE 2320)" to service members who are unemployed. Section 1089, Unemployment Insurance Code requires employers to provide this booklet.
- b. Service members may file a claim for unemployment insurance benefits using one of the following methods:
- (1) On-Line. File on-line with eApply4UI. Service members can file a new claim, reactivate an existing claim, or file for extended benefits (when these benefits are available) using eApply4UI. It is secure, reliable, and available 24 hours a day. Access eApply4UI on the Web site at https://eapply4ui.edd.ca.gov. Service members may also learn more about services provided by EDD by accessing the EDD home page at www.edd.ca.gov and submit questions electronically through "Contact Us" located at the bottom of the EDD home page.

(2) Telephone. File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616

Spanish 1-800-326-8937

Customer service representatives at Call Centers handle UI claim filing, UI claim information calls, missed appointments, appeals, and overpayments, Monday through Friday, 8 a.m. to 5 p.m., Pacific Standard Time in California. To file a claim a service member must call by Friday of the week in which unemployment begins to receive credit for that week. The EDD is closed on state and federal holidays.

(3) Mail or Fax. File by mailing or faxing a UI Application (DE 1101), by accessing the paper application on-line at www.edd.ca.gov. Print out the application, hand write your answers, and mail or fax it to EDD for processing.

CHAPTER 11 DISCIPLINE

11-1. GENERAL

There are two types of disciplinary actions, adverse administrative action, and military justice. As a general policy, adverse administrative disciplinary actions should be considered before using military justice procedures.

11-2. ADMINISTRATIVE DISCIPLINARY ACTIONS

- a. Informal Discipline. Supervisors are responsible for initiating all informal disciplinary actions that include oral and/or written admonitions and warnings.
- (1) Informal disciplinary actions are normally admonitions or warnings and usually are the first step in the disciplinary process. An oral admonition is the least severe form of discipline and may be administered by supervisors during scheduled counseling or as on the spot corrective action. When oral admonitions are used, supervisors should clearly advise the service member of the infraction or unauthorized conduct and state what corrective action must be taken. Supervisors may maintain a written record of oral admonitions when they desire and should do so in cases where past admonitions have not been successful or if it appears that more stringent disciplinary action may be required. Admonitions may also be administered in writing but remain an informal action. Written admonitions are not filed in service members' official personnel files. They must indicate that they are admonitions and not letters of reprimand.
- (2) When informal disciplinary action fails to obtain desired results or a service member's action warrants a more severe action than an admonition, the formal disciplinary procedures indicated below will be used.
- b. Formal Discipline. Supervisors are responsible for initiating all formal disciplinary actions, which include written reprimands, suspensions, and terminations.
- (1) Written reprimands are applicable to SAD service members. Written reprimands must be coordinated with the Director, State Personnel Programs prior to being issued to the service member.
- (2) Suspension without pay is a penalty applicable to SAD service members. Service members are prohibited from working for a specified period of time and their salary is adjusted accordingly. Many of these actions are for one to ten working days, but could be longer if circumstances warrant. Termination should be considered for suspensions in excess of 30 days. Suspensions should be used only when it is necessary to have the service member off the work site. The seriousness of the offense as well as the service member's prior record will be considered in determining the length of the suspension. The Director, State Personnel Programs will be contacted for guidance.
- (3) Reduction in SAD pay rate is a penalty applicable to SAD service members. The immediate supervisor may initiate an OTAG Form 900-10 with full reduction documentation through the chain of

command to the Director, State Personnel Programs. No reduction in State Active Duty pay rate will be taken without first obtaining the approval of the respective Deputy Adjutants General (Army or Air), the Director, Joint Staff, or the Assistant Adjutant General, as appropriate.

- (4) Administrative termination maybe initiated when informal disciplinary actions or formal administrative actions do not accomplish the desired result and processing under the California State Military Justice Code is not being considered. Administrative termination's must be initiated by supervisors, submitted through their chain of command to the Director, State Personnel Programs and, as a minimum, contain the information indicated in paragraph 11 -2c below.
 - (a) Temporary appointments The unexecuted portion of temporary SAD orders may be rescinded for administrative or disciplinary reasons. A request for such action will be submitted through the chain of command to the Director, State Personnel Programs. In coordination with the SJA, the Director, State Personnel Programs will make recommendation to the appropriate Deputy Adjutants General (Army or Air), Director, Joint Staff, or the Assistant Adjutant General, as appropriate, who will make the final decision.
 - (b) Limited-term appointments
- (1) Service members with limited-term appointments and with less than six years of SAD service will be processed under the procedures of paragraph 11-2c(2) below.
- (2) Service members with limited-term appointments and six years of SAD service are authorized a Disciplinary Action Board (DAB) under the procedures of paragraph 11-2c(3) below.
- (c) Indefinite appointments Service members with indefinite appointments are authorized a DAB under the procedures of paragraph 11-2c(3) below.
- c. Procedures for administrative disciplinary actions
 - (1) In all cases, the following factors should be considered:
 - (a) Nature of the offense and rule, law or regulation violated.
 - (b) Time, date, and place of offense.
 - (c) Witnesses' name(s) and appropriate statements from each.
 - (d) Information on past like offenses.
 - (e) The seriousness of the events which form the basis for the termination.
 - (f) The likelihood that the events will continue to occur.
 - (g) The adverse effect on the California National Guard.
 - (h) The individual's potential for further SAD service.
 - (i) The individual's past performance and record.
- (2) Service members with indefinite or limited-term appointments and less than six years of SAD service:
- (a) The Director, State Personnel Programs will review requests for administrative termination with the submission of OTAG Form 900-11.
- (b) The Director, State Personnel Programs will issue a letter to the service member stating the nature of the offense and advising the member that they are granted a period of fifteen days in which to respond to the letter and rebut the charges.
- (c) Service members who are being involuntarily terminated may consult counsel and submit written witness statements with their response.
- (d) The Director, State Personnel Programs in coordination with the Staff Judge Advocate will make a recommendation to the appropriate Deputy Adjutants General (Army or Air), Director, Joint Staff, or the

Assistant Adjutant General, as appropriate, who will make the final decision.

- (e) Service members do not have the right to appear personally to present their rebuttal.
- (3) Service members with indefinite or limited-term appointments with more than six years of SAD service:
- (a) In addition to the notice and response rights in 11-2c(2) above, these service members have a right to have their case considered by a DAB. They do not have the right to appear in person to present their rebuttal. The DAB recommendation will be submitted to the respective Deputy Adjutants General (Army or Air), Director, Joint Staff, or the Assistant Adjutant General, as appropriate.
- (b) The Director, State Personnel Programs will notify the service member of the result. The Director may extend the time limit for either response or final action when appropriate.
 - (c) The Adjutant General is the appeal official.

11-3. Military Justice

- a. All service members on SAD are considered to be in a duty status seven days a week, 24 hours a day. As such, they are subject to the disciplinary procedures and requirements of the CMVC which has incorporated the Federal Uniform Code of Military Justice (UCMJ) as California's State Military Justice Code (Sections 102 and 103, CMVC). Thus, all SAD members, including federally recognized, non-federally recognized, and State Military Reserve members, are subject to UCMJ discipline administered through state jurisdiction while on SAD, regardless of duty or leave status.
- b. Disciplinary actions will normally be accomplished in accordance with the California National Guard Manual for Courts-martial and Nonjudicial Punishment.
- c. Military justice actions are administered by military commanders in coordination with the Staff Judge Advocate

CHAPTER 12 CODE OF ETHICAL STANDARDS

12-1. GENERAL

- a. Service members are subject to state rules and regulations pertaining to ethical standards, and the United States Joint Ethics Regulation. The following are considered to be inconsistent, incompatible, or in conflict with acceptable conduct:
- (1) Providing confidential information to persons to whom issuance of such information has not been authorized, or using confidential information for personal gain or advantage or for the advantage of others.
- (2) Soliciting or accepting, directly or indirectly, any money, loan, employment, business, benefit or other thing of value (in addition to salary paid by the state) from anyone from whom it might be inferred as a gift to influence the State service member concerned.
- (3) A service member shall not engage in any employment, which prevents a prompt response to any reporting for duty notification.
- (4) Providing or using the names of persons from office records for mailing lists that have not been authorized.
 - (5) Providing or using unit station lists for use in circulation or advertising of articles or services.
- (6) Using the prestige or influence of one's office for personal gain or advantage or for the advantage of others.
 - (7) Using state time, facilities, records, equipment or supplies for personal use or gain.
 - (8) Receiving or accepting money, gifts or favors for services rendered during duty hours.
 - (9) Performance of an unofficial act that may later be subject to the individual's control, inspection, CAARNG Regulation 600-1/CAANG Instruction 36-2601 dated 1 February 2008

review, audit or enforcement in an official State capacity.

- b. Any personal knowledge of actions by service members which seem questionable, or which might be interpreted as falling within one of the above categories, should be brought to the attention of the service member's supervisor immediately.
- c. Each member appointed to SAD must complete OTAG Form 900-24 (Incompatible Activity Statement) as part of their employment application.

CHAPTER 13 PERFORMANCE EVALUATIONS

13-1. GENERAL

- a. This section prescribes policy and procedure for preparing and submitting performance evaluations for service members.
- b. Performance evaluations will be prepared annually as of 30 June on each service member by their immediate supervisor using OTAG Form 900-20 (SAD Evaluation of Performance). Evaluations will be prepared by the immediate supervisor, signed by the supervisor and the service member, and forwarded to the second level supervisor (i.e., the reviewer). The second level supervisor will review the evaluation and may either:
- (1) Concur with the evaluation, sign the form, forward the original form to The Office of State Personnel Programs and return the remaining copies to the immediate supervisor; or,
- (2) Non-concur with the evaluation. In this case, the difference of opinion should be resolved between the two supervisors prior to the second level supervisor signing the form. In the event the difference cannot be resolved, the second level supervisor should indicate his non-concurrence in the narrative section of the form, sign and forward the form to The Office of State Personnel Programs.
- c. Immediate supervisors will not render ratings until they have supervised a service member for at least 120 days.
- d. Instructions for preparation of the evaluation form are on the reverse side of the form. Evaluating supervisors should carefully consider the service member's performance in each factor prior to making a rating judgment. Supervisors are reminded of the impact their evaluations may have since the scores from the evaluations maybe used for promotion purposes, awards, or reduction in force standing.
- e. The Director, State Personnel Programs will provide oversight and review the completion and processing of OTAG Form 900-20, to ensure scores are determined equitably.

CHAPTER 14 PERSONAL APPEARANCE AND UNIFORM WEAR

14-1. GENERAL

- a. Service members with current federal recognition serving on State Active Duty will wear the federal military uniform (Army Regulation 670-1 or Air Force Instruction 36-2903) with the grade insignia prescribed for their current federally recognized rank.
- b. Service members of the SMR on SAD will wear the SMR uniform prescribed by CA SMR Regulation 670-1.
- c. Service members on the retired list on SAD will wear the SMR uniform prescribed by CA SMR Regulation 670-1 with the grade insignia for their highest federally recognized rank.
 - d. All service members will meet the appearance standards detailed in Appendix A.

- e. Occasions of wearing civilian attire will be kept to a minimum and requires the advance approval at the Directorate level.
- f. Request for exception to this policy will be submitted through the chain of command to the Director, State Personnel Programs.

CHAPTER 15 SAD Management Council

15-1. GENERAL

- a. The SAD Management Council (SMC) is The Adjutant General's General Officer review council. The SMC is responsible for SAD force management.
- b. The SMC is comprised of the Deputy Adjutants General (Army and Air), the Director, Joint Staff, and chaired by the Assistant Adjutant General. The Chair may invite other interested personnel such as the Senior Enlisted Advisor and/or Command Sergeants Major of the Divisions or Directorates. The Director, State Personnel Programs acts as the non-voting recorder and provides the necessary personnel registers to conduct SMC business.
- c. At the direction of The Adjutant General, the SMC meets at least annually (2nd quarter, state fiscal year) to conduct tenure award recommendations, consider Tier One personnel, permanent position review, initiate Reduction in Force (RIF) procedures for SAD service members when required, and other force management procedures such as Tier Two reviews.

15-2. TENURE

- a. Tenure is a Section 167, CMVC, status that The Adjutant General may award to service members who have been appointed to a SAD permanent position for an indefinite period and have served a minimum of five years on SAD.
- b. The Director, State Personnel Programs will provide a register of SAD members in permanent positions with indefinite appointments that have accrued the five (5) year SAD status minimum.
- c. The SMC will consider these service members for tenure recommendation under Section 167, CMVC, and determine the list of recommended service members for consideration by The Adjutant General.
- d. The Adjutant General will inform the Director, State Personnel Programs of final determinations for tenure awards and the Director will affect the publication and distribution of tenure award orders.

15-3. TIER ONE REVEW

- a. The SMC is responsible for SAD program review, an annual assessment of the positions and personnel that make up the cadre of military personnel that manage the Military Department. The SMC provides The Adjutant General with an assessment and, if appropriate, recommendations to further modify or align the SAD force.
- b. The Director, State Personnel Programs provides registers of service members with indefinite appointments in permanent positions that are one or more active militia grades over their assigned SAD pay rate. At the request of the Chair and in the format desired, register can be provided such as two or

more active militia grades over, one active militia grade over, in descending order of SAD service, etc.

- c. The SMC reviews and considers Tier One personnel and positions and provides force management recommendations to The Adjutant General.
- d. The Adjutant General will inform the Director, State Personnel Programs of final determinations and the Director will affect the position changes necessary to align the force.

15-4. PERMANENT POSITION REVIEW

- a. The SMC conducts permanent position review within their span of control.
- b. The Director, State Personnel Programs provides a register of permanent positions and incumbents in SAD position pay rates classified E-9, W-4, W-5, O-5 and O-6.
- c. The SMC insures there is a military sufficient purpose for each SAD position within their span of control and provides recommendations for force management to The Adjutant General.
- d. The Adjutant General will inform the Director, State Personnel Programs of final determinations and the Director will affect the position changes necessary to align the force.

15-5. REDUCTION IN FORCE

- a. Reduction in the number of SAD service members or reduction in pay rates may be required due to organizational changes, budget restrictions or to rectify over-grade situations as recommended by the SMC.
- (1) The determination of the number and grade of SAD positions to be eliminated and/or reduced, and the organizational area to be considered will be made by The Adjutant General after staff review and recommendations.
 - (2) The Adjutant General will charter the SMC with his/her determination.
- (3) Personnel designated to be removed or reduced will be based on the recommendation of the SMC once chartered as a Reduction in Force (RIF) Board by The Adjutant General.
- [a] Individuals at the same pay rate as that being considered for reduction or abolishment, who have not been appointed under Section 167, CMVC, will be separated or downgraded prior to considering individuals appointed under Section 167, CMVC.
- [b] Elimination or downgrading of a position does not necessarily mean the removal, separation, or downgrading of the incumbent. All service members of like-pay rate will be considered for removal or reduction.
 - [c] The SMC will follow the RIF procedures outlined in paragraph 15-5b below.

b. Procedures

(1) When a determination is made that a RIF is required within an organizational area, the SMC will identify specific positions for elimination or reduction in pay rate.

- (2) All incumbent service members in the SAD pay rates of the positions to be eliminated or reduced will be listed on OTAG Form 900-29 (RIF Register).
- (3) A special SMC may be convened for the purpose of reviewing the performance evaluations, achievements, length of service, physical and mental fitness, past records or other such criteria as The Adjutant General deems appropriate in order to determine which service members will be removed or reduced. The following procedures apply:
- [a] The Director, State Personnel Programs will function as recorder for the SMC and is responsible for ensuring all necessary information and records are available to the SMC for each service member being considered.
- [b] The Director, State Personnel Programs will provide the SMC with an OTAG Form 900-31 (SAD Information and Evaluation Sheet) on each service member to be considered.
- [c] Each SMC member will complete an OTAG Form 900-30 (RIF Board Raters Score Sheet) for each service member subject to consideration; service members to be recommended for removal or reduction will be determined by the lowest composite score established from the combined score of each SMC Member.
- [d] After making a determination, the SMC will indicate the positions and incumbents selected for removal or reduction on OTAG Form 900-29. Each member of the SMC will sign the RIF Register confirming their recommendation.
- [e] The SJA will review process, findings, and recommendations for legal sufficiency prior to The Adjutant General's review and consideration.
- [f] The Adjutant General will inform the Director, State Personnel Programs of his or her decisions. The Director is responsible for preparing appropriate notices to affected service members.
- c. Service members selected for removal under the RIF provisions of this regulation may be considered for assignment to other vacant SAD positions on a statewide basis. The removed or reduced service members must be considered qualified or must be able to become qualified for the position within a reasonable period of time. The SMC will make determination of qualification.
- d. Entitlement to any separation or other termination allowance is made in accordance with the Department of Defense Pay Manual as of the date of separation.

CHAPTER 16 FRATERNIZATION POLICY

16-1. GENERAL

Army Regulation 600-20 and U.S. Air Force Instruction 36-2009 detail the specific policy and guidance applicable to service members on SAD.

CHAPTER 17 COMPLAINT PROCEDURES

17-1. GENERAL

- a. Service members shall attempt to resolve problems through the SAD chain of supervision and command. Service members who are dissatisfied with the results may use the procedure outlined in this section subject to following limitations:
- (1) For service members with limited-term appointment or temporary appointment with less than six years SAD service, the final decision authority is the Director, State Personnel Programs in coordination with the SJA. The Adjutant General is the final appeal authority.
- (2) For service members with limited-term appointments with greater than six years SAD service or members with indefinite appointments, the final decision authority is the respective Deputy Adjutants General (Army or Air), Director, Joint Staff, or Assistant Adjutant General as appropriate. The Adjutant General is the final appeal authority.

b. Definitions:

- (1) Complaint –A spoken or written dissatisfaction brought to the attention of management. A complaint includes, but is not exclusive of, discrimination based on race, color, religion, gender (to include sexual harassment), national origin, age, or physical or mental handicap.
- (2) Anonymous Complaint –Anonymous complaints should be resolved by the chain of supervision and command at the lowest level possible.
- (3) Equal Opportunity (EO) Complaint Discrimination based on race, color, religion, gender (including sexual harassment), national origin, age, physical handicap, or retaliation. EO complaints are initiated and processed in accordance with this regulation.
- (4) Equal Employment Opportunity (EEO) Complaint For EEO complaints, contact your EEO complaint representative in the Office of State Personnel Programs.

c. Procedures:

- (1) Every effort will be made to find an acceptable solution by informal means at the lowest possible level of supervision. If the service member is not in agreement with the decision reached by discussion, he or she may file a complaint in writing within 10 calendar days after receiving the informal decision from their immediate supervisor. The OTAG Form 900-26 (SAD Complaint Form) will be used in submitting all complaints.
- (2) First Level of Review. The complaint will be presented in writing to the service member's immediate supervisor who shall enter his or her decision and comments in writing and return the form to the service member within 15 calendar days after receiving the complaint. Failure of the service member to take further action within 10 calendar days after receipt of the decision, or within a total of 25 calendar days if no decision is rendered, will constitute a dropping of the complaint. If the complaint is about a matter involving the first level supervisor, the matter will automatically go to the second level of review.
- (3) Second Level of Review. If the service member does not agree with his or her supervisor's decision, or if no answer has been received within 15 calendar days, the service member may present the complaint in writing to an intermediate level of supervision. This second level of review should be at the activity manager or Directorate level and higher. The supervisor receiving the complaint at this level shall review the complaint, enter his or her decision and comments in writing, and return the form to the service member within 15 calendar days after receiving the complaint. Failure of the service member to take further action within 10 calendar days after receipt of the decision, or within a total of 25 calendar days if no decision is rendered, will constitute a dropping of the complaint.

- (4) Final Review. If the service member does not agree with the decision reached at the second level, or if no answer has been received within 15 calendar days, he or she may present the complaint in writing to the respective Deputy Adjutants General (Army or Air), Director, Joint Staff, or the Assistant Adjutant General, as appropriate, for review and decision, subject to the limitations in paragraph 17-1a(1) and (2).
- (5) For those subject to the provisions of paragraph 17-1a(2) above the Director, State Personnel Programs shall forward the complaint to the respective Deputy Adjutants General (Army or Air), Director, Joint Staff, or the Assistant Adjutant General, as appropriate, for final review and decision.
- (6) Appeal. The Adjutant General will rule on all complaint appeals submitted through the Director, State Personnel Programs.
 - (7) The Director, State Personnel Programs may extend the time limits specified above in writing.

CHAPTER 18 STATUS OF SAD MEMBERS DURING STATE EMERGENCIES

18-1. GENERAL

- a. Service members who are on SAD pursuant to Section 142, CMVC, who are ordered to perform state emergency duties with their military unit and who perform such duties in their military manning document assignment (i.e., TOE, TDA, UMD), will receive pay for such duty at the pay rate of their federally recognized grade, to include flight pay and crew pay, if appropriate.
- b. Service members on duty pursuant to Section 142, CMVC, who are ordered to perform emergency duties pursuant to Sections 143 or 146, CMVC, as a representative of the Office of the Adjutant General, and where such duties are outside the normal duties and responsibilities of their SAD assignment and commensurate with their federally recognized grade, will receive pay for such duty at the pay rate of their federally recognized grade or at the Cooperative Agreement Wildfire Pay rate, as appropriate. Based upon the nature of the service member's emergency duty assignment, and the applicable pay rate, the member could be eligible for flight pay and hazardous duty pay.
- c. In all cases where pay is due a service member at his or her federal grade, the member will receive their regular SAD paycheck and will receive differential pay by emergency payroll.
- d. Service members performing emergency duties under any circumstances other than a. or b. above will continue to receive the pay of their regular SAD assignment.

CHAPTER 19 TRAINING POLICIES AND PROCEDURES

19-1. GENERAL

- a. It is the goal of the Military Department to carry out its training responsibilities effectively and economically. This includes any duty-related training.
- b. This goal can best be accomplished by developing service member skills and knowledge needed to perform their essential duties. The development of the necessary skills and knowledge can be accomplished and enhanced through a comprehensive program of service member training and development.
 - c. To reach this goal, the Military Department policy is to:
 - (1) Review applicable government code sections as a guide and appropriate application.
 - (2) Provide adequate training for service members to enable them to perform work assignments CAARNG Regulation 600-1/CAANG Instruction 36-2601 dated 1 February 2008

satisfactorily.

- (3) Provide training and development opportunities that are cost effective.
- (4) Assure that supervisors are trained to accomplish on the job training.
- (5) Provide for service member career development and upward mobility within the SAD program.

d. It is the responsibility of the Director, State Personnel Programs to develop an orientation pamphlet for supervisors to acquaint all new service members with the SAD program, such as state benefits, personal appearance and uniform wear, and departmental organization. In addition, the Director will announce state training guidelines, training opportunities, and the availability of training resources to accomplish the Military Department's goal by semi-annual publication of a training SADI.

APPENDIX A - PERSONAL APPEARANCE STANDARDS

1. General

Each service member will ensure their personal appearance at all times presents a professional military image. A neat and well-groomed appearance by all military uniformed service members is fundamental and contributes to building the pride and esprit essential to an effective force. Service members must project a military image that leaves no doubt those members of the SAD workforce support military standards and remain responsible for military order and discipline. Supervisors are responsible for the general appearance of their uniformed personnel

2. Personal Appearance

Hairstyles will be well groomed and neat. Hairstyles will allow service members to wear the headgear properly. Service members will keep their faces clean-shaven. Trimmed, tapered, and tidy mustaches are permitted.

3. Uniform

Uniforms will be neat, clean, and appropriately maintained. They will fit properly, and service members will keep uniforms buttoned, zipped, and snapped. Shoes and boots will be kept clean and/or shined.

APPENDEX B - KEY STAFF POSITIONS

1. The Adjutant General's Personal Staff

- a. Assistant Adjutant General
- b. Executive Officer
- c. General Counsel, SJA
- d. Director, Governmental and International Affairs Office
- e. Director, Public Affairs Office
- f. State Chaplain
- g. Secretary, General Staff
- h. Aide-de-Camp
- i. Administrative Officer
- i. Senior Enlisted Advisor
- k. Administrative Specialist
- 2. The Air Division
 - a. Deputy Adjutant General, Air Division
 - b. Chief of Staff¹
- 3. The Army Division
 - a. Deputy Adjutant General, Army Division
 - b. Chief of Staff
- 4. The Director, Joint Staff
 - a. Director, Joint Staff
 - b. Chief of Staff

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¹ Respective Chiefs of Staffs are normally a position associated with a prospective General Officer appointment

APPENDIX C - FORMS LIST

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OTAG Form 900-8	State Active Duty Appointment Application	47-48
OTAG Form 900-10	State Active Duty Personnel Action Request	49
OTAG Form 900-11	State Active Duty Separation Request	50
OTAG Form 900-12	Certificate of Dependents	51
OTAG Form 900-13	State Active Duty Position Request	52
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OTAG Form 900-29	Reduction in Force (RIF) Register	67
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SCIF Form 3067	Employer's Report of Occupational Injury/Illness	79-80
SCIF Form 3301	Service Members Claim for Workers Compensation Benefits	81-84
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INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1- Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9 However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C).
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filling (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachuetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Employment Eligibility Verification

U.S. Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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LISTS OF ACCEPTABLE DOCUMENTS

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Documents that Establish Both Identity and Employment Eligibility

- U.S. Passport (unexpired or expired)
- 2. Certificate of U.S. Citizenship (Form N-560 or N-561)
- 3. Certificate of Naturalization (Form N-550 or N-570)
- **4.** Unexpired foreign passport, with *I-551 stamp or* attached *Form I-94* indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
- 6. Unexpired Temporary Resident Card (Form I-688)
- 7. Unexpired Employment Authorization Card (Form I-688A)
- 8. Unexpired Reentry Permit (Form I-327)
- 9. Unexpired Refugee Travel Document (Form I-571)
- 10. Unexpired Employment
 Authorization Document issued by
 DHS that contains a photograph
 (Form I-688B)

LIST B

Documents that Establish Identity

OR

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eve color and address
- School ID card with a photograph
- 4. Voter's registration card
- 5. U.S. Military card or draft record
- 6. Military dependent's ID card
- 7. U.S. Coast Guard Merchant Mariner Card
- 8. Native American tribal document
- Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

- 10. School record or report card
- 11. Clinic, doctor or hospital record
- **12.** Day-care or nursery school record

LIST C

AND Documents that Establish Employment Eligibility

- U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- 4. Native American tribal document
- 5. U.S. Citizen ID Card (Form I-197)
- **6.** ID Card for use of Resident Citizen in the United States (Form I-179)
- 7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



HEALTH BENEFITS PLAN ENROLLMENT FORM PERS-HBD 12 (Rev 8/02)

California Public Employees' Retirement System P.O. Box 942714 Sacramento, CA 94229-2714

DO NOT SEND MEDICAL CLAIMS TO THIS ADDRESS

Calpers use only - Document reference number

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GOVERNMENT LIGHT IS ANTONIA FINAL	agency as provided by Secti	ons 22825-22832 of the	•				Year	- / ,			
determination of eligibility for the enrollment action	determination of eligibility fo	r the enrollment action	35 REMARKS		eren eren eren eren eren eren eren eren	<u> </u>		1111		g- 90g	
specified will be made by the Board of Administration. 35. KEWAKKS California Public Employees' Retirement System, in Of Forms accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the WHITE HED PINK Approx 8/1/5 Employees	California Public Employees accordance with the Public E	' Retirement System, in Employees' Medical and	Vicination affairs (QVI - 1000) agreed	•	and the first of the confidence of the confidenc						

Sick Leave Report

PRIVACY ACT STATEMENT

AUTHORITY: 10USC, Chapter 40; 37 USC Chapter 9; EO 9397, November; 5 USC 552a PRINCIPLE PURPOSES: To authorize leave, document the start and stop of such leave.

ROUTINE USE: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities

for investigating or prosecuting a violation or potential violation of law.

DISCLOSURE: Disclosure of SSN is voluntary; However, this form will not be processed without your SSN, since State Personnel Programs identifies members by SSN for pay or leave purposes.

1.	NAME:			SSN:	-
2.	EMPLOYING A	.CTIVI	ГҮ:		
3.	SUPERVISOR S	STATE	MENT:		
	The above name	d indivi	dual was absent from work for the reason	indicated on	the following dates:
	Dates:				
			Medical/Dental Appointment		
			Sick in Hospital		
			Sick at Home		
			Other (explain)		
Na	nture of illness or i	injury:			
	Supervisor's Pr	intad N	ome and Date	Supervicor	's Signature
	Supervisor's ri	inicu iv	ame and Date	Supervisor	3 Signature
4.	DOCTOR'S STA	ATEME	ENT:		
Ιe	xamined, treated	or preso	cribed for the above named patient on these	e dates:	
Da	nte of returned to v	work or	estimated date of return:		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
Na	nture of illness or	injury:			
	Doctor's Prin	ted Nar	me and Date	Doctor's	Signature

Emergency Information Form

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN); 5USC 552a

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and alloweneous if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay outification of the servicemember's status or may handicap processing of benefits to designated beneficiales

Name:				SSN:	DOB:	1 1
	First	Middle	Last		•	Month Day Year
IOME ADDRESS:						
	Str	eet Address	S			
					PHONE:	() -
	CIT	Υ		ZIP		Area Code
Married	Singl	e 🗆	Spouse's Na	ame :		
PERSON(S) TO BE	NOTIFI	ED IN THE	E EVENT OF	AN EMERGENCY:		
Name				No & Stree	et	Phone
				City	Zip	
Name				No & Stre	et	Phone
				City	Zip	
Name		***************************************		No & Stre	et	Phone
				City	Zip	
I certify the above in Programs when any	formation	on is correct ove inform	and understa ation changes	nd that I must submit a rev	ised form to the Direc	torate of State Personnel
					Signature	:
					Date	

CALIFORNIA NATIONAL GUARD SAD APPOINTMENT APPLICATION

1. POSITION APPYING FOR					2. VAC	2. VACANCY ANNOUNCEMENT NO.		
3. NAME			5. DATI	5. DATE OF BIRTH				
6. HOME AD	DRESS		7. HOM	E TELEPHONE	ENO.			
8a. CURRENT	ARNG/ANG	G/SMR UNIT	8b. Have you b	oeen convicted	of a crime?	NO: If yes, expl	ain:	
8b. Are you current	ly employed by or	have you ever been employed	l by the State of Ca	llifornia? NO:[☐ If yes, e	explain:		
8c. CIVILIAN EDUCATION (Highest Level Only) 8d. MILITARY EDUCATION								
FROM	ТО	SCHOOL/COLLEGE		MAJOR	COUR	SE TITLE	DATE COML	
11. MILITAI	RY SERVIC	E (Start with most r	ecent)					
FROM	TO	ORGANIZATION	AND COMPO	NENT	GRADE	DUTY AS	SSIGNMENT	
		4.40						
							and the state of t	

CALIFORNIA NATIONAL GUARD

SAD APPOINTMENT APPLICATION

(CONTINUED)

12. EMPLOYMENT HIS	TORY (Show last 10	years)	
a. FROM:	ТО:	POSITION TITLE:	SALARY
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
b. FROM:	ТО:	POSITION TITLE:	SALARY:
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
c. FROM:	ТО:	POSITION TITLE:	SALARY:
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
d. FROM:	TO:	POSITION TITLE:	SALARY:
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES;			
REASON FOR LEAVING:			
e. FROM:	TO:	POSITION TITLE:	SALARY:
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
f. FROM:	TO:	POSITION TITLE:	SALARY:
EMPLOYERS NAME & ADDRESS			
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
I certify all of the above in	nformation to be true	and correct.	
		SIGNATURE:	

State Active Duty Personnel Action Request

		☐ Term Appointment	☐ Temporary Appointn	nent
	Action	☐ Indefinite Appointment	Reassignment	☐ Advancement
1.	Requested:	☐ Pay Rate Change	☐ Extension	Reduction
		Other:		
		Other.		
Red	questing Activ	ity:		
		То:		
2.	Position:	Title	SAD Grade	Position Number
	(Not required	From: If for new ntments) Title	SAD Grade	Position Number
_	Individual's			
3.	Name:	Last Name	MI	First Name
	SSN:	- Military Grade:		Federal State
	Military Unit:	CA ARNG (Active)	CA ARNG (Retired Li	st) CA ANG (Active)
	Williary Offic.	CA ANG (Retired List)	State Military Reserve	e (SMR)
	_			•
4.	a. Propose	d Effective Date:	b. Period:	
5.	Vice:		A V F A MAN MAN THE REAL PROPERTY OF THE PARTY OF THE PAR	
6.	Requesting	Official:		Date:
7.	Recommen	d Approval:		Date:
8.	Position Ve			Date:
		State Personnel (Office Representative	
9.	Funds Veri			Date:
Inde	av.	Military Department Co	omptroller Representative	
10.				Date:
10.	Approved.	The Adjutant General	or Representative	Date.
App	oointment Aut			
Vac	cancy Number	 Insert vacancy announcement r position indicated above. If this process, attach your request for and consideration. 	position is not filled through	the vacancy announcement
	□ N/A		ted above, check this box and	y grade below or one military grade d attach your request for position
	N/A			is age 59 or greater, check this and consideration; or, circle N/A.

State Active Duty Separation Request

PRIVACY ACT STATEMENT

The Information Practices Act 1977 (California Civil Code Section 1798 17) and the Federal Privacy Act (5 USC 552a, subd (e) (3) require this notice to be provided when collecting personal information from individuals. The information will be used by State Personnel Programs for personnel, payroll, retirement and leads to be provided in any future decision regarding your re-employment in the State Active Duty service and may be used to determine your idigitality for unemployment compensation to which you are entitled.

The futurehed of this information is voluntary, however, failure to provide it may result in you not receiving (1) your copies of those documents you should have, (2) pay or other compensation due you, and (3) any unemployment compensation benefits to which you may be entitled.

1. Name:			SSN:
2. Position Title/SAD Grade/Position Number:			
3. Employing Activity:		uuu shuurrarara kadada ka waxaa ka sayaa say	
4. Type of Separation:	Retirement		Resignation
5. I resign from my position on State Active Duty	effective COB	Date	for the following reason(s):
		Date	
Employee's Printed Name	Date	Phone No	Employee's Signature
Supervisor's Printed Name	Date	Phone No	Supervisor's Signature
July 17 Hot of Times Trume	PAR		
Supervisor Initiated	Separation	☐ In	voluntary Reach Age 60
·			
I request the above named individual be separated the following reason (s):	from ms/ner Sta	le Active Duty effective	Date
Supervisor's Printed Name	Date	Phone No	Supervisor's Signature
Supervisor's Printed Name	Date	Phone No	Supervisor's Signature
2 nd Line Supervisor's Printed Name	Date Date	Phone No Phone No	Supervisor's Signature Supervisor's Signature
2 nd Line Supervisor's Printed Name Approved:	Date	Phone No	Supervisor's Signature
2 nd Line Supervisor's Printed Name	Date	_	Supervisor's Signature
2 nd Line Supervisor's Printed Name Approved:	Date ature AG/F	Phone No Representative Print Nar	Supervisor's Signature ne Date Phone No.
2 nd Line Supervisor's Printed Name Approved: AG/Representative Sign	Date AG/F PAF ants for unpaid co	Phone No Representative Print Nar	Supervisor's Signature ne Date Phone No.
2 nd Line Supervisor's Printed Name Approved: AG/Representative Sign Address to which separation documents and warra	Date AG/F PAF ants for unpaid co	Phone No Representative Print Nar AT III Impensation should be a	Supervisor's Signature ne Date Phone No.

OTAG Form 900-11 (1 Feb 08)

Certification of Dependents

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Chapter 9; EO 9397 November

PRINCIPAL PURPOSES: To start, adjust or terminate State, Active Duty member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).

ROUTINE USE: To adjust member's State Active Duty pay record, information may be disclosed to components, such as USAFAC, major commands, and other federal agencies such as IRS, DOD components; other federal agencies such as IRS, SSA, VA GOA, members of Congress, Federal, State and local government. US and State of Congress; US and State courts and various law enforcement agencies. Social Security Number is used for positive identification

DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the State Personnel identifies you for pay purposes by your SSN.

ast Name	First Name	Initial	Grade	SSN	
I have	e no dependents				
	fy the following na allowance for hous	amed person(s) are my sing	dependents fo	or the purp	ose of receiving
. Lawful S	pouse:				
NAME	A	DDRESS, CITY, STATE		DATE	OF MARRIAGE
		The state of the s			
. Children:					
NAME	A1	DDRESS, CITY, STATE		DOB	Relationship

		ndents are/are not occuring such quarters the occ			
	ediately notify the y dependents.	Directorate of State Pe	ersonnel Progra	ams of any	changes in the

State Active Duty Position Request

	☐ Temporary Posi	ition Limited-Term Position	□ Permanent Position □
1.	Division / Activity:		
2.	Branch / Section:		
3.	Action Requested:		☐ Re-Class Position☐ Update
4.	Present Title / Grade:		
	Proposed Title / Grade	e:	
5.	Justification for action	n: (Also attach position description OTAG For	
6.	Requesting Official:		Date:
7.	Division / Activity App	roval:	Date:
8.	State Personnel Branch Concurrence:		Date:
9.			Date:
10.	AG/or Designated	val:	Date:
11.	OTAG Position # Assig	gned:	Date:

STATE ACTIVE DUTY POSITION DESCRIPTION

Temporary Position		☐ Permanent Position	
POSITION TITLE:		DATE:	
CAD DAY ODADE.	and the second s		
LOCATION:		POSITION NUMBER:	
The following duties, responsible requirements for this position: a. SUPERVISORY CONTROL b. DUTIES AND RESPONSIBLE	oilities and qualifications requir		
D. DUTIES AND RESPONSIBLE	ilities.		
c. MANDATORY QUALIFICA	TIONS:		

State Active Duty Permanent Position Review

All permanent positions will be reviewed at least annually or when they are reclassified, retired or become vacant. The purpose of the review is to determine if the position is properly classified or if it would be more appropriate to convert the position to State Civil Service.

	REVIEW CRITERIA	Y/N or N/A	JUSTIFICATION
	The duties of the position require application of technical or operational knowledge of military administration	☐ Yes ☐ No	
:	operations, logistics, programs, or equipment.	□ N/A	
y.	The position requires military skills and professional-level	☐ Yes ☐ No	
ŗ	operations.	□ N/A	
۵	The position requires military authority over military	☐ Yes ☐ No	
5	personnel (SAD, Federal Technicians, AGR, or ADSW).	□ N/A	
•	There is no other appropriate, compatible state civil	☐ Yes ☐ No	
	available or authorized to fill this position or requirements.	□ N/A	
5	There are military security requirements associated with	☐ Yes ☐ No	
	the position.	□ N/A	
		☐ Yes ☐ No	
6.	The position should be tied to appropriate military career or occupational structure of the respective services.	□ N/A	
		□ N/A	
POS	POSITION TITLE:	RE)	REVIEWED BY (Supervisor):
N T	INITIATED BY:	DATE:	TE:
SPN:		PPN:	
		A STATE OF THE PARTY OF THE PAR	

Leave Request/Authorization

PRIVACY ACT STATEMENT AUTHORITY: 10USC, Chapter 40; 37 USC Chapter 9; EO 9397, November; 5 USC 552a PRINCIPLE PURPOSES: To authorize annual leave, document the start and stop of such leave. ROUTINE USE: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law. DISCLOSURE: Disclosure of SSN is voluntary; However, this form will not be processed without your SSN, since State Personnel Programs identifies members by SSN for pay or leave purposes. TO: _____(Appropriate Supervisor) NAME: GRADE: SSN: NO DAYS REQUESTED FIRST DAY OF LEAVE: LAST DAY OF LEAVE: Request that I be granted leave from SAD as follows (check appropriate box)): ORDINARY LEAVE LEAVE WITHOUT PAY (Indicate Reason Below) MILITARY LEAVE HOLIDAY CREDIT (Indicate Holiday Below) REASON (If required): Employee's Signature

Supervisor's Signature

Supervisor's Printed Name and Date

Statement of Service

PRIVACY ACT STATEMENT

The Information Practices Act 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd (e) (3) require this notice to be provided when collecting personal information from individuals.

The information will be used by State Personnel Programs for personnel, payroll, retirement and health benefits processing. You are requesting to furnish a specific reason for State Active Duty service credit and used to determine your eligibility. Your forwarding copies of DD214 documents will be used to primarily determine your eligibility for 30 days military leave if you are entitled.

The furnished of this information is voluntary; however, failure to provide it may result in you not providing opies of such documents will result not receiving entitlement.

				Date
Last Name	First Name	Initial	Grade	SSN
Hereby certify that I ar Pay and Allowance En attached documents to	ititlements Manual	(See reverse), f	for service ind	aragraph 10101, Military icated below. I have la National Guard.
Service or component	Day 1	From Month Year		To Day Month Year
Pr AUTHENTICATION	int Name	Date		Signature
				Signature

REPORT OF DUTY—STATE ACTIVE DUTY PERSONNEL

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		REMARKS:	ENTER OTHER THAN DUTY DAYS				FROM:	LOCATION:	SSN: (La	NAME:
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COMMANDER/SUPERVISOR SIGNATURE		nces Iccor			18	J - JURY DUTY PH - PERSONAL HOLIDAY F - MILITARY FURLOUGH T - ADMINISTRATIVE TIME OFF (REQUIRE B - MATERNITY LEAVE (42 CONSEQUTIVE CALENI X - ADMINISTRATIVE LEAVE (WITH PAY) HCU - Holiday Credit Used		W - LEAVE WITHOUT PAY S - SICK LEAVE STATUS (I	M – ORDINARY LEAVE STATUS (D – DUTY STATUS
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		rect s an once			28	PRO)-1))RDI	
		I certify that the attendances and absences recorded above are Correct and that all leave was approved in accordance with existing laws and regulations and that there has been no change in my dependancy status for the period concerned.			19 20 21 22 23 24 25 26 27 28 29 30 31	PH - PERSONAL HOLIDAY PH - PERSONAL HOLIDAY F - MILITARY FURLOUGH T - ADMINISTRATIVE TIME OFF (REQUIRES TAG APPROVAL) B - MATERNITY LEAVE (42 CONSEQUTIVE CALENDAR DAYS AFTER BIRTH) X - ADMINISTRATIVE LEAVE (WITH PAY) ICU - Holiday Credit Used			A – ORDINARY LEAVE STATUS (INCLUDE MILITARY ORDERS)	
		that at d.			30	<u>.</u>			_	
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Federal Privacy Act Information Statement

The Board of Administration, Public Employees's Retirement System, requires the disclosure of each member's Social Security account number on a mandatory basis to comply with Sections 6033 and 6041, Title 26, of the United States Code, and Section 1.603(a)(3) and 1.604-2(b) of the Federal Tax Regulations, requiring reporting to the Internal Revenue Service of disbursements made by the System and to comply with its obligation under the Federal State agreement imposed by Section 404.1242, 404.1243, 404.1250 and 404.1256, Title 20, Code of Federal Regulations, requiring reporting to the Social Security Administration.

The Social Security account number is used for the following purposes and is included in the following documents:

- 1. Member identification on membership files, documents, and correspondence.
- 2. Annual report to the Franchise Tax Board and to the Internal Revenue Service of interest on refunds where the interest paid to an individual is \$600.00 or more.
- 3. Annual Statement on Member Contributions and Service Credit sent to employers for distribution to members.
- 4. Annual Listing of Member Contributions as of each June 30 sent to each employer.
- 5. All Refund Rolls submitted to the State Controller for processing.
- 6. Reports of benefit payments to the State Franchise Tax Board and to the Internal Revenue Service.
- 7. Annual return filed with the Internal Revenue Service.
- 8. Reports to the Internal Revenue Service of Federal income tax withheld from benefit payments.
- 9. Reports submitted to the Social Security Administration.

I have read the forego	oing on		
	(date)		
Print Name		Signature	. , , , , , , , , , , , , , , , , , , ,

STATE ACTIVE DUTY EVALUATION OF PERFORMANCE

	PART I – ADMINISTRATIVE DATA								
LAST	NAME, FIRST NAME, MIDDLE INITIAL	LAST FOL	JR OF S	SN	SAD GR	RADE		POS	ITION TITLE
	rational transport of the service of the control of the American Control of the American					Choose C	ne.		
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	······································	- PERF	UKIVIAN	VUE EVAL	RATING S	SCALE		I	
	PERFORMANCE FACTORS	Ī		(See r		instruction	ns)	***************************************	COMMENTS
		L		1000.					
	DOODLOTELTY		- 2	0	9	4	-	NI/A	
1.	PRODUCTIVITY		1	2	3	4	5	N/A	
2.	QUALITY OF WORK		1	2	3	4	5	N/A	
3.	INITIATIVE		1	2	3	4	5	N/A	
4.	WORKING RELATIONSHIPS		1	2	3	4	5	N/A	
5.	ADAPTABILTIY		1	2	3	4	5	N/A	
6.	JUDGMENT		11	2	3	4	5	N/A	
7.	INTEREST IN JOB		1	2	3	4	5	N/A	
8.	ABILITY TO WORK INDEPENDENTLY		1	2	3	4	5	N/A	
9.	ORAL EXPRESSIONS		1	2	3	4	5	N/A	
10.	WRITING ABILITY	m.11 (m)	1	2	3	4	5	N/A	
11.	CONFIDENCE IN OWN KNOWLEDGE & A	BILITY	1	2	3	4	5	N/A	
12.	SELF IMPROVEMENT		1	2	3	4	5	N/A	
13.	ACCEPTS RESPONSIBILITY		1	2	3	4	5	N/A	
14.	MOTIVATES OTHERS		1	2	3	4	5	N/A	
*15.			1	2	3	4	5	N/A	
16.	TOTAL FOR EACH COL	JMNS:							
		-		-	TOTAL S	SCORE	=		
17.									
18.				ERFORM		RATED	=	Choose	e One:
19.	TOTAL SCORE ÷ Perform							Score	·
	÷ 0			0 =	Evaluati	ion Score			
		PART	111 – NA	RRATIVE					
COM	MENT:								
	_								
		PART	IV - SIG	NATURE					
SIGN	ATURE OF INDIVIDUAL			Non Cor	ICUT	1	vailable	;U 0	ATE
						Rea	son:		
						-			
SIGN	ATURE OF RATER			Print Nan	ne and Title	e		C	ATE
SIGN	TIME OF INTER								
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SIGN	ATURE OF REVIEWING OFFICER CONCUR [] I	NON CON	COK	rink Nan	re and till	•			

INSTRUCTIONS FOR COMPLETING OTAG 900-20 Please Read All Instructions Carefully Before Completing This Form Reference CA ANGR 600-1/CA ANG 36-2601, Military Personnel on State Active Duty

Part I - Administrative Data

- Complete each item in Part I
 - o Last Name, First Name, Middle Initial
 - Last Four of Members SSN
 - o SAD Grade -Drop down menu will provide grades from 08 through E1
 - o Position Title (SAD Duty Title)
 - o Unit/Activity of Assignment (SAD Report of Duty)
 - ❖ Period Covered
 - Normal Rating Period is fiscal year to fiscal year (1 July XX to 30 June XX)
 - Minimum evaluation period is 90 days, see CA ANGR 600-1/CA ANG 36-2601

Part II - Performance Evaluation

- Performance Factors:
 - O Annotate the applicable Performance Factors between items: 1 through 15
 - Annotate the Rating Scale between 1 through 5 to include N/A
 - · Use the drop-down menu:
 - blank line = no checkmark
 - ü = checkmark ✓

> The Rating Scale will be rated as:

	Rating Scale	
0	Marginal or below the expected level & that he/she requires further training or experience to bring his/her performance up to satisfactory level.	In the lowest 2%
1	Satisfactory	With 50% of the employee
2	Consistently satisfactory & sometimes above satisfactory	With employees in the upper 3 rd quarter (Next 25%)
3	Consistently above satisfactory but not exceptional	In the lower portion of the top 23% (Next 14%)
4	Consistently above satisfactory and some times exceptional	In the lower portion of the top 9% (Next 6%)
5	Consistently expectional	In the top 3%

Comments:

- Comments are REQUIRED for all rating of 1 and 2
 - . Can be annotated in the Part IV Narrative, if needed

> Evaluation Scores:

- o ltem 15: Other Performance Factor directly related to the individual's position
- o Item 16: Add all Performance Factors vertically for each column
- o Item 17: Add all amounts from item 16
- o Item 18: Enter the number of Performance Factors Rated on the individual using the drop-down menu
- o Item 19: Total Score + Performance Factors Rated X 10 = Evaluation Score

Part III - Narrative

> Comments:

- o Comments are REQUIRED for all rating of 1 and 2
 - Use the Comment block to continue comments from the Performance Factor

Part IV - Signature:

> SIGNATURES:

- Individual Signature and Date of Review
- o No Signature
 - ❖ If individual does not concur, see CA ANGR 600-1/CA ANG 36-2601
 - ❖ If individual is unavailable
 - Mark Unavailable box and reason, i.e. deployed, medical, etc
- o Print Rater's Name, Rank, and Title, Date of Review and signature
- Print Reviewing Officer Name, Rank, and Title, Date of Review and signature
 - Annotated applicable box concur/nonconcur

State Active Duty Employee Procurement Request

1.	Division / Activity:							
2.	Branch / Section:							
3.	Position To Be Filled:							
4.	Vice:							
5.	Effective Date of Vacancy:							
6.	Action Required:	•						
	Publish vacancy announcement and provide application							
	Obtain list of eligible from State Personnel Board							
	Appoint who is eligible for reinstatement							
	Other (Explain):							
7.	Requesting Official:	Date:						
8.	Division/Activity Approval:	Date:						
10.	Position Verification: State Personnel Office Representative	Date:						
11.		Date:						
12.		Date:						

INCOMPATIBLE ACTIVITIES STATEMENT

- 1. Each State agency is required to establish a statement of incompatible activities of employees and to advise employees periodically of those activities considered incompatible with State employment. The following activities are considered incompatible for State employees of the Military Department.
 - a. Providing confidential information to persons to who issuance to person to whom issuance of such information has not been authorized, or using confidential information for personal gain or advantage or for the advantage of others.
 - b. Soliciting or accepting, directly or indirectly, any money, loan, employment, business, benefit or other thing of value (in adition to salary paid by the State) from anyone from who it might be inferred as a gift to influence the State employee concerned.
 - c. Engaging in any employment which will prevent prompt response to a call to report to duty as required by department heads.
 - d. Providing, or using, the names of persons from office records for mailing list that has not been authorized.
 - e. Providing, or using, unit station lists for use in circulation or advertising of articles or services.
 - f. Using the prestige or influence or one's office for personal gain or advantage or for the advantage of others.
 - g. Using State time, facilities, records, equipment or supplies for personal use or gain.
 - h. Receiving or accepting money, gifts or favors for services rendered during State working hours.
 - i. Performance of an unofficial act that may later be subject to the officer's control, inspection, review, audit or enforcement in an official State capacity.
- 2. In addition to the above activities, employees are also reminded that the Government Code of the State of California prohibits the use of any public office or employment to either aid or obstruct any person from obtaining any elected position or from nomination for an elected position.
- 3. In order to insure that all employees of the Department are aware of the incompatible activities the inclosure one is provided for each employee to acknowledge receipt of this letter. Signed acknowledgements should be returned to this headquarters, attention: CAJS-J1-SP.

I acknowledge that I have read and understand the above statement.

	Signature
····	Printed Name and Rank
	Activity, Section, Branch or Installation
	Date

State Active Duty Complaint Form

Name:		Date	annonnamente van en	
Position Title:		Rank:		
Division Activity:		Section:		
Description of Problem: (Attach	additional pages if necessary))		
Action Requested:				
HANNEL THE PROPERTY OF THE PRO	<u></u>			
I discussed this with my Supervi	sor on	Signature:		
COMPLAINT REVIEW - FIRS	Γ LEVEL		Date Received:	
Supervisor's Decision:				
		Postura de la constanta de la		
Signature:	Title:		Date	
COMPARATOR DEVICE COCC			Date Received:	
COMPLAINT REVIEW – SECC Supervisor's	IND LEVEL		Date Received.	
Decision:				
Signature:	Title:		Date	
COMPLAINT REVIEW Dia Supervisor's	ector, State Personnel Programs		Date Received:	
Decision:				
4				
Signature:	Title:		Date	

Statement of State Active Duty Status

- 1. The authority for State Active Duty is the California Military and Veterans Code. It directs that the duties of the Officers, Warrant Officers and Enlisted Personnel of the Office of the Adjutant General shall conform to the duties prescribed by regulations of the Department of Defense for like positions in the Army, Air Force and Navy. All activities or installations operated by the Military Department are considered extensions of the Office of the Adjutant General and the same provisions apply to State Active Duty employees at those locations.
- 2. All members appointed to State Active Duty, regardless of Military affiliation, are advised that:
 - a. They are subject to call to duty 24 hours a day, seven days a week.
 - b. There is no entitlement to compensatory time off.
- c. They are required to meet the same physical standards as prescribed for federally recognized National Guard members.
 - d. They must attain and maintain professional proficiency.
- e. Federally recognized members of the National Guard will wear the appropriate Military Uniform while on duty and must comply with appropriate military dress and grooming code.
- f. Assignment to State Active Duty requires a release of their medical records for review and adjudication by proper military and medical authority.
- g. Persons who are not appointed to permanent State Active Duty pursuant to CMVC 167 do not accrue any preferential rights in their employment status. In the event of a reduction in force, loss or decrease in funding, termination of a specific program or other event which affects their position, a person may be separated from State Active Duty status.
 - h. They are subject to the Uniform Code of Military Justice as assimilated into State law.
- i. They may be prohibited from carrying forward accrued leave beyond a year as determined by the program director or other proper authority because of constraints and uncertainties related to program funding.
- 3. SAD MEDICAL RECORD RELEASE: I hereby release any and all of my medical records or reports to The Adjutant General or the State Personnel Programs Director of the California National Guard from any physician or treatment facility. This release is effective as long as I am performing State Active Duty with the California National Guard or am a member of the California Army or Air National Guard. I understand that this release is to provide information to The Adjutant General or a properly designated individual to ascertain my condition or ability to perform State Active Duty.

A photocopy of this release may serve as an original writing.

Signature of Soldier/Airman:		
Printed Name:	and the second s	
Position Title:		

4. I acknowledge having read the above statement and agree to comply with the established provisions.

Date:

Statement of Understanding State Active Duty – Special Programs

- 1. I understand that I have been placed on orders to Temporary State Active Duty (SAD) pursuant to the California Military and Veterans Code (CMVC) Section 142.
- 2. I understood that I am subject to the Uniform Code of Military Justice as incorporated into the CMVC for purpose of military discipline.
- 3. I understand that temporary SAD is not a permanent status and that my orders may be administratively terminated as anytime if the need for personnel performing duty changes or if my performance is determined to be substandard.
- 4. I understand the personnel on SAD do not have a right or guarantee of continuations on orders beyond the duty date indicated on the initial order.

Signature of Soldier/Airman:	
Printed Name	
Position Title:	
Date:	

Employee Clearance Form

NAME.	POSITION NUMBER	EFFECTIVE DATE OF CLEARANCE		
TYPE OF ACTION				
Transfer	Separation	Leave of Absence		
Listed below are items that must be cleared p responsibility of the supervisor to discuss this with the separation document.	• •			
	SUPERVISOR			
MANUALS/PUBLICATIONS:	EQUIPMENT:			
Dictionary	Badge	Tape Recorder		
	Armory Equipment			
Other				
I have reviewed the records and have determine	ined the above individual is cleared	d of all state property issued.		
SUPERVISOR'S SIGNATURE DA	ATE			
SUPERVISOR'S SIGNATURE DA	COMPTROLLER			
SUPERVISOR'S SIGNATURE DA ADVANCES:				
	COMPTROLLER	Gasoline		
ADVANCES: Salary Travel	COMPTROLLER CREDIT CARDS:	Gasoline Telephone		
ADVANCES:Salary	COMPTROLLER CREDIT CARDS: Airlines			
ADVANCES: Salary Travel Accounts Receivable	COMPTROLLER CREDIT CARDS: Airlines			
ADVANCES: Salary Travel Accounts Receivable Other	COMPTROLLER CREDIT CARDS: Airlines Car Charge Card	Telephone		
ADVANCES: Salary Travel Accounts Receivable	COMPTROLLER CREDIT CARDS: Airlines Car Charge Card	Telephone		
ADVANCES: Salary Travel Accounts Receivable Other I certify that records indicate there are no out have been surrendered.	COMPTROLLER CREDIT CARDS: Airlines Car Charge Card	Telephone		
ADVANCES: Salary Travel Accounts Receivable Other I certify that records indicate there are no out have been surrendered.	COMPTROLLER CREDIT CARDS: Airlines Car Charge Card standing advances or accounts reco	Telephone		
ADVANCES: Salary Travel Accounts Receivable Other I certify that records indicate there are no out have been surrendered.	COMPTROLLER CREDIT CARDS: Airlines Car Charge Card standing advances or accounts received.	Telephone		

SAD Reduction in Force (RIF) Register

Date:

ame	Position	Evaluation Score by RIF Board	Remarks
is determination	of the Reduction in Force B		wing named individual(s) be removed from SAD
is determination of the grade shown	of the Reduction in Force B above:		wing named individual(s) be removed from SAD
is determination of the grade shown A.	of the Reduction in Force B above:	oard convened this date that the follow	wing named individual(s) be removed from SAD
is determination of the grade shown A. B.	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A B C	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A B	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A. B. C.	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A. B. C.	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A B C	of the Reduction in Force B above:	oard convened this date that the follow	
is determination of the grade shown A. B. C. D.	of the Reduction in Force B above:	oard convened this date that the follow	

SAD GRADE:

SAD Reduction in Force (RIF) Board Raters Score Sheet

Name:				SAD Grade:
I. EFFICI	ENCY			
Perform	nance Evaluat	ion Scores		
	Year	20		
		20		
		20		
	Total			+
II. POTEI	NTIAL FOR	PERFORMA	NCE	
(Highly Qualified =		50; Well Qua	alified = 40;	Qualified = 30; Marginally Qualified = 20 Not
	Score Giver	ı		
III. FITNE	ESS			
(Grade	for each facto	or; Excellent	= 30; Good	= 20; Marginal = 10; Poor = 0)
	Physical Fit	ness		
	Loyalty			
	Integrity			
	Total Score			
IV. RATE	RS PERSON	AL EVALU	ATION	
Grade poir Outstandir	nts for the rate ag = 50; Exce	es personal ev ellent = 40; G	valuation of bood = 30; A	the individual's Value to the National Guard: Average = 20; Below Average = 0
Sc	core Given			
C	umulative Sco	ore (240 Max	imum)	

SAD Information and Evaluation

Name:					
SAD Grade:		Effective Date of Appointment:			
Military Grade:					
Primary Military Specialty:					
Secondary Military Specialty:					ya ya ya wanan a a a a a a a a a a a a a a a a
Service:		Yrs		Mos	
State Active Duty:					-
Federal Active Duty:	•		***************************************		
Technician (Calif):					
Part Time NG (Calif) (other than counted above):	_				_
Age:					
Eligible for immediate PERS Annuity:		Yes		No	
Civilian Education:					
Military Education:					
	<u></u>				
		1,48,444			
SAD Effectiveness Report Ratings:					-
(A)	(B)		(C).	(D)	

TASK LISTING

1.	CURRENT TITLE:				
_		LE LE DIECEDENT.			
2.					
3.	MAJOR FUNCTION OF POSITION:				
		and the first of the state of the first that will remain the bighest representation			
4.	of time. Group	uties to be performed: (List the duties first that will require the highest percentage related duties together and give estimated percentage for each group).			
PE	RCENT OF TIME	DUTIES			
	www.				
L					
5.	List any machin	ne, equipment, office appliances, or motor vehicles which might be used:			
	•				
6.	Identify by posi	tion title with whom frequent contacts might be made and purpose of contacts:			
•	,,	· -			
7.		ijority of work assignments made:			
	_	by Supervisor who instructs how to accomplish			
		by Supervisor and incumbent decides how to accomplish			
		nt will have responsibility for set of duties and will accomplish			
	Incumber	nt will develop projects as needed and accomplish			

8.	What percentage of work will be reviewed: (Percentage should be determined based on level of responsibility as indicated in seven above)		
9.	The most serious thing that could result from an error in the performance of duties:		
10.	Incumbent will supervise the following employ	yees:	
	NAME	TITLE	
•••			
·········			
11.	Describe the nature and extent of supervisory and review work, evaluate performance, initia approve use of vacation, sick leave and other	responsibilities: (Plan work, prepare budget, assign te action to fill vacancies and select employees, leave)	
12.	List license, registration, certificates, education	on, or training and experience required for position:	

13.	List knowledge and abilities require	ed for the position:	
4.4	A d distance to the firm of the firm of the control	- Al 141	
14.	Additional information important for	r the position:	
Emp	oloyee Signature:		Date:
•	· · · · · · · · · · · · · · · · · · ·	(If Applicable)	
•			Dutas
Supe	ervisor Signature:		Date:



SPOUSE/DOMESTIC PARTNER SIGNATURE: _____

TO: CalPERS/ Benefit Services Division P.O. Box 942711
Sacramento, CA 94229-2711
Fax:(916) 795-3933
Phono:(888) CalPERS (225 7377)

PRIMARY BENEFICIARIES FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code) FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code) FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code) In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. To percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE. SECONDARY BENEFICIARIES FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code)	BENEFICIARY PERS-BSD-241 (Rev	DESIGNATION rised 12/04)	I	Phone:(888) CalPERS (225-7377)							
ay still be entitled to a community property share of my 'Lump Sum Contributions' or a share of any monthly allowance that may be payable, on "Spouse or Non-Partner' designated beneficiaries will receive the portion of my jump sum benefits, which are not payable to my spouse or omestic partner as his/her community property share. I further understand that if my death is determined to be "motionstrain," specific dash merits will be paid in the manner prescribed by jew. If no percentage (%) is given, the applicable benefits will be paid SHARE AND SHARE ALIKE. **SECONDARY BENEFICIARIES** **GEORDARY SHEEFICIARIES** **IRST NAME** **MIDDLE NAME** **MID	MEMBER'S FULL NAM	ME (PLEASE PRINT)		SOCIAL SECURITY N	NUMBER	BIRTH DATE	TELEPHONE NUMBER				
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SECONDARY BENEFICIARIES FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code) FIRST NAME MIDDLE NAME LAST NAME % RELATIONSHIP TO MEMBER SOCIAL SECURITY NUMBER ADDRESS (Number and Street) (City) (State) (Zip Code) HOULD I Survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my tatutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of diministration, all in accordance with the applicable provisions of law. Y THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAG R REGISTERED DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRIAGE OR DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRIAGE OR DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRIAGE OR DOMESTIC PARTNERSHIP, DISSOLUTION OF A CHILD OR TERMINATION OF MEMBERSHIP SUBSEQUENT TO THE DATE IF HE THIS FORM WITH CALPERS, WILL UTOMATICALLY VOID THIS DESIGNATION, HOWEVER, A DESIGNATION FILED AFTER THE INITIATION OF A DISSOLUTION/ANNULMENT OF A DISSOLUTION/ANNULMENT OF ARRIVAGE OR REGISTERED DOMESTIC PARTNERSHIP IS NOT REVOKED WHEN THE DISSOLUTION/ANNULMENT IS FINALIZED. Signatures Required Are you legally married or have a registered domestic partner must sign this form If no, please indicate: Never married/or Never in Domestic Partnership Divorced/Annulled Widowed IMPORTANT - You must complete the BSD-800 on the reverse side of this form if you are married or have a register domestic partner must sign this form Figure Partnership Divorced/Annulled Widowed IMPORTANT - You must complete the BSD-800 on the reverse side of this form if you are married or have a register domestic partner is unable to sign below. MEMBER SIGNATURE: Date: D	ADDRESS (Number a	nd Street)	(City)		(State)		(Zip Code)				
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	SPOUSAL/PEO					na this henefi	•	, , , ,			

INFORMATION AND INSTRUCTIONS FOR CaIPERS BENEFICIARY DESIGNATION FORM

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you do have a valid beneficiary designation on file your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-domestic partner designated beneficiaries will receive the portion of your lump sum benefits which are not payable to your spouse/registered domestic partner as his/her community property share.

- C. If A and B do not apply and *there is no* valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
 - 1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or, if none
 - 2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or, if none,
 - 3. Parents, share and share alike; or if none,
 - 4. Brothers and sisters, share and share alike, or if none,
 - 5. Your estate (if probated, or subject to probate), or if not,
 - 6. Your trust (if one exists), or if not,
 - 7. Stepchildren, share and share alike, or, if none,
 - 8. Grandchildren, including step-grandchildren, share and share alike, or, if none,
 - 9. Nieces and nephews, share and share alike, or, if none,
 - 10. Great-grandchildren, share and share alike, or, if none,
 - 11. Cousins, share and share alike.

If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. However, if you are married or have a registered domestic partner at the time of death, your spouse/domestic partner may still be entitled to a community property share of your lump sum contributions.

- D. You may designate or change your beneficiaries at any time by completing another Beneficiary Designation form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. Reminder: If you are married or in a domestic partnership at the time of your death and you do not name your spouse/domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum contributions or a share of any monthly allowance that may be payable.
- E. Your Beneficiary Designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:
 - 1. Marriage/Registration of Domestic Partnership; or
 - Dissolution or annulment of your marriage/domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or domestic partnership is <u>NOT</u> revoked when the dissolution/annulment is finalized; or
 - 3. Birth or adoption of a child; or
 - 4. Termination of membership that results in a refund of your contributions.

INSTRUCTIONS

- 1. Print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction by lining through the error and initialing the change. No erasures or correction fluid will be accepted.
- 2. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date, and write your social security number at the top of each additional sheet.)
- 3. If a (%) is entered make sure the total equals 100%.
- 4. Your spouse/registered domestic partner must sign the form to acknowledge the names of the beneficiaries you are designating. IMPORTANT: If you are unable to obtain your spouse's/domestic partner's signature, you MUST complete the BSD-800, "Justification for Absence of Spouse or Domestic Partner's Signature" form, on the reverse side of the designation form or your designation form may be rejected.
- 5. Enter the date you signed the form and your current mailing address.
- 6. Mail the completed form to the Public Employees' Retirement System at the address shown, or you may fax it to (916) 795-3933.
- 7. After CalPERS receives and reviews the form a confirmation letter will be mailed to you within 6 weeks. If the form is not acceptable a new form will be mailed to you to complete.

IMPORTANT INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Tealer Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229+2711
(888) Cal-PERS (225-7377)
TDD - (916) 795-3240; FAX (916) 795-3933

JUSTIFICATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse or domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form.

MEMBER'S NAME (TYPED OR PRINTED)	SOCIAL SECURITY NUMBER
, , , , , , , , , , , , , , , , , , ,	
APPLICATION SUBMITTED	
BENEFICIARY DESIGNATION (PERS-BSD-241)	
Select either 1 or 2 and indicate specifics:	
 By checking this box, I indicate that I am not legally married because: 	or in a registered domestic partnership
☐ Never married or never in registered domestic partners	hip.
☐ Divorced/marriage annulled or domestic partnership ter	minated.
☐ Widowed.	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	
 By checking this box, I indicate that I am married or have a domestic partner did not sign this form because: 	domestic partner, but my spouse or
I do not know and have taken all reasonable steps to de domestic partner, OR,	etermine the whereabouts of my spouse or
My spouse or domestic partner has been advised of the written acknowledgement; OR	e application and has refused to sign the
My spouse or domestic partner is incapable of executin incapacitating mental or physical condition; OR,	g the acknowledgement because of an
My spouse or domestic partner has no identifiable com	munity property interest in the benefit, OR ,
My spouse or domestic partner and I have executed a ragreement that makes the community property law inappropriate the community law inappropriate the community law inappro	marriage settlement or partnership oplicable to the marriage or partnership.
I certify under penalty of perjury that the foregoir	ng information is true and correct.
MEMBER'S SIGNATURE	DATE SIGNED

C

Office of Employer and Member Health Services P.O. Box 942714
Sacramento, CA 94229-2714
(888) CalPERS (225-7377)
TDD - (916) 795-3240
FAX (916) 795-1277

Declaration of Health Coverage: HBD-12A

(INSTRUCTIONS ON REVERSE)

EMPLOYEE INFORMATION SOCIAL SECURITY NUMBER	NAME(PRINT)	(FIRST)	(MIDDLE)	(LAST)				
PART A I elect to enroll myself and all eligible dependents.								
PART B I elect to enroll myself. My elighave other health insurance co PART B-2 I elect to enroll myself and all edependents. I also have eligible who have other health insurance.	eligible le dependents	If you or your dependents lose health insurance covyou can enroll in the CalPERS Health Benefits Program You must request enrollment within 60 days from the on which you lose coverage. If you do not request enrollment within 60 days, your dependents must wait at least 90 days or unnext Open Enrollment Period before you can enrothe Program. Your effective date of coverage will the first of the month following the 90-day waiting						
PART C-1 I decline enrollment for myself a dependents because we have of insurance coverage.			en Enrollment effectiv					
PART C-2 I decline enrollment for myself a eligible family members for reasonable having health insurance coverage	ons other than	dependents at any after you request Enrollment Perio Program. Your e first of the month	enrollment for yourself any time. You must wait at enrollment or until the document of coverate following the 90 days allment effective date.	at least 90 days e next Open Il in the ige will be the				
PART B: If you are currently enrolled court orders health coverage for you dep Officer or visit your personnel office for a	endent, you can	add your new depe						
PART C: If you are not currently enrol result of marriage, birth, adoption, or plac you can enroll yourself and dependents. time limits.	ement for adopti	on, or if a court orde	ers health coverage for y	your dependent,				
Special rules apply to retirement and deat	h. Please read t	he back of this form	ı carefully.					
Member's Signature	Date Sign Original: Err	ed ployee's Personnel File	Health Benefits Offic Copy Employee	er's Signature				

Rev (1/05)

INSTRUCTIONS - DECLARATION OF HEALTH COVERAGE (HB-12A)

Please contact your Health Benefits Officer if you have any questions regarding the HB12A

Employee Information	Complete with the appropriate employee information.
Part A:	Mark this box if you are:
	a) Enrolling in the Health Benefits Program and have no dependents, or
Part B-1:	b) Enrolling yourself and ALL eligible dependents in the Health Benefits Program.
Fail D-1.	Mark this box if you are: a) Enrolling yourself only, your dependents have other health insurance coverage, or b) Canceling your dependents' coverage because they have other health insurance coverage
Part B-2:	Mark this box if you are: a) Enrolling yourself and SOME of your dependents, your other dependents have health insurance coverage, or b) Canceling coverage for some of your dependents because they have other health insurance coverage.
Part C-1:	Mark this box if you are
	a) Declining enrollment or canceling your health insurance coverage, you have no dependents and you have other health coverage, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents and you have other health insurance coverage.
Part C-2:	Mark this box if you are: a) Declining enrollment or canceling your health insurance for reasons other than having health insurance coverage and you have no dependents, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents for reasons other than having health insurance coverage.

IMPORTANT: It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include marriage, acquisition of a dependent child, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

Special rules for retirement and death:

Consider these points as you decide whether to enroll, deciine, or cancel enrollment for yourself or dependents:

- ♦ If you are not enrolled in a CalPERS-sponsored health plan on the date you separate employment, you will not be eligible for health benefits into retirement.
- If your retirement date is over 120 days from your separation date, you will not be eligible for health benefits into retirement.
- If you die and your eligible family members are not enrolled on your CalPERS-sponsored health plan at that time, they will not be eligible for continued enrollment in a CalPERS-sponsored health plan if they qualify for monthly survivor benefits.

form **3067**:

Employer's Report of Occupational Injury or Illness

Call State Fund's 24-hour Claims Reporting Center toll-free at (888) 222-3211 to file your report. A State Fund representative will complete the report with you over the phone and mail you a copy.

Alternatively, you may fax your injury report to our toll-free fax line at (800)371-5905. If you choose this method, retain a copy of the report for your records. A State Fund representative will contact you for additional information.

NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

STATE COMPENSATION INSURANCE FUND

24-Hour Claims Reporting Center Telephone: (888) 222-3211 Fax (800) 371-5905

OSHA
Case No.

Fatality

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge every occupational injury or illness.

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L	3. LOCATION, if different from Mailing Address (Number, Street, City and Zip) 3a. Location Code											
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Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim: and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

form **3301**:

Workers' Compensation Claim Form

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent, or representative who filed the claim within one working day of receipt of the form from the employee.

Please send State Fund the original, and retain a copy of your employee's Workers' Compensation Claim Form for your records.

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

<u>Disclosure of Medical Records</u>: After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/a la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o depués de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento applicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

<u>Payment for Permanent Disability</u>: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

<u>Vocational Rehabilitation (VR)</u>: If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

<u>Death Benefits</u>: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

<u>It is illegal for your employer</u> to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at www.dir.ca.gov.link to Workers' Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atienda, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapcidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúne los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitios, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incapicidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Codigo Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por perdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (Division of Workers' Compensation – DWC), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al (800) 736-7401. Ud. también puede ir al sitio electrónico en el Internet de la DWC en www.dir.ca.gov. Enlácese a la sección de Compensación para Trabajadores.

<u>Ud. puede consultar con un(a) abogado(a)</u>. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (State Bar) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en <u>www.californiaspecialist.org</u>.

Ti gan

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oir información gravada. En la hoja cubierta de esta forma esta la explicatión de los beneficios de compensación al trabjador.

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Em	ployee—complete this section and see note above Empleado	—complete	e esta sección y note la	notación arriba.							
1.											
2.	Home Address. Dirección Residencial.										
3.	City. Ciudad S										
4.	Date of Injury. Fecha de la lesión (accidente).		Time of Injury. Hora en	que ocurrióa.mp.m.							
5.	Address and description of where injury happened. Dirección/lugar dónde occurió el accidente.										
6.	6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada.										
7.	7. Social Security Number. Número de Seguro Social del Empleado.										
8.	Signature of employee. Firma del empleado.										
Em	ployer—complete this section and see note below. Empleador-	–complete	esta sección y note la r	notación abajo.							
9.	Name of employer. Nombre del empleador.										
10.	Address. Dirección.										
11.											
	Date claim form was provided to employee. Fecha en que se le en										
	Date employer received claim form. Fecha en que el empleado de										
14.	Name and address of insurance carrier or adjusting agency. Nombious State Compensation Insurance Fund										
15.	Insurance Policy Number. El número de la póliza de Seguro.										
16.	Signature of employer representative. Firma del representante del	empleador.									
17.	Title. Título18.	Telephone.	Teléfono.								
you or re	ployer: You are required to date this form and provide copies to rinsurer or claims administrator and to the employee, dependent epresentative who filed the claim within one working day of ipt of the form from the employee.	pañía de s mos y al e	eguros, administrador de mpleado que hayan prese	eche esta forma y que provéa copias a su com- reclamos, o dependiente/representante de recla- ntado esta petición dentro del plazo de <mark>un día</mark> ido recibida la forma del empleado.							
SIG	NING THIS FORM IS NOT AN ADMISSION OF LIABILITY	EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDA									
□ E	mployer copy/Copia del Empleador	☐ Claims	Administrator/Administrador de	Reclamos Temporary Receipt/Recibo del Empleado							

STATE OF CALIFORNIA

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (Gov. C., Sec. 12479)

STD. 243 (REV. 12/2004)

Submit two copies of a completed form STD. 243 with original signatures to your personnel/payroll office.

CITY WHERE AGENCY LOCATED	
	CITY WHERE AGENCY LOCATED

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all state warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of death benefits and refund of employee retirement contributions. A form STD. 241, Beneficiary Designation (PERS), must be completed to file a designation with the Public Employees' Retirement System for death benefits.

DESIGNEE (Must be 18 years of age or older)

DESIGNEE NAME (First, Middle, Last)	RELATIONSHIP TO EMPLOYEE	TELEPHONE NUMBER		
ADDRESS	CITY AND STATE	ZIP CODE		

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the personnel/payroll office of my employing state agency/campus for such warrants within sixty (60) days after the date of my death, this designation shall be and become null and void.

This designation will remain in full force employment with any California state ago voked in writing by me.	e and effect during my ency/campus until re-	FOR AGENCY/CAMPUS USE ONLY REVIEWED BY THE PERSONNEL/PAYROLL OFFICE AND FILED SIGNATURE OF AUTHORIZED OFFICER						
EMPLOYEE HOME ADDRESS								
CITY, STATE, ZIP CODE		TYPED NAME	DATE					
EMPLOYEE SIGNATURE (Please sign both copies in ink)	DATE SIGNED							
>								

INSTRUCTIONS

- 1. Complete this form in duplicate; typewritten or in ink.
- Show designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
- Specify the relationship of the person designated, such as, wife, husband, domestic partner, daughter, son, mother, father, parent, friend, etc.
- 4. Verify that the form is complete and correct. No erasures or corrections may be made in the name of the designee. If any error has been made, complete a new set of forms.
- Sign both copies in ink. Submit both copies to your personnel/ payroll office. The duplicate copy will be returned to you for your records.

- You may change your designation at any time by filing a new form STD. 243 with your personnel/payroll office.
- You may completely revoke a designation at any time by submitting either a new form STD. 243 indicating "NONE" for the designee name or a letter to your employer. Two copies with original signatures are required.
- 8. Inform your personnel/payroll office when a change occurs in your designee's address.
- You may wish to file a new designation upon any change in your marital or domestic partnership status.

REQUEST FOR NONDISCLOSURE OF EMPLOYEE HOME ADDRESS

STD. 677 (NEW. 2-99) (Corrected 3-99)

PLEASE TYPE OR USE BALL POINT PEN - PRINT CLEARLY

NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	
·			1	1 1 1
Pursuant to Government Code Section 6254. (a) The home addresses and home telephone and shall not be open to public inspection (1) To an agent, or a family member of the (2) To an officer or employee of another (3) To an employee organization pursuan employees performing law enforceme (4) To an agent or employee of a health be education employees and their enrolle (b) Upon written request of any employee, a sepursuant to paragraph (3) of subdivision (agency, except if the list is used exclusive	numbers of state employees and em, except that disclosure of that informe individual to whom the information attention and decisions of the ent-related function shall not be discretefit plan providing health service and dependents, for the purpose of prostate agency, school district, or countain and an agency shall remove the effect of the purpose of prostate agency, school district, or countain and an agency shall remove the effect of the purpose of prostate agency, school district, or countain and an agency shall remove the effect of the purpose of prostate agency, school district, or countain and an agency shall remove the effect of the purpose of prostate agency.	mation may be made as fol on pertains. hty office of education whe Public Employment Board losed. es or administering claims for oviding the health services hty office of education shall employee'shome address ar	n necessary for the performance, except that the home address or health services to state, schoor administering claims for emnot disclose the employee'she	e of its official duties. es and home telephone numbers of ol districts, and county office of aployees and their enrolled dependents. ome address or home telephone number
CHECK APPROPRIATE BOX				
I request that my home address not to specified individuals or organizat	t be disclosed as provided by Go ions under Government Code Se	overnment Code Section ections 6254.3.	6254.3(b). I understand that	my home address can be disclosed
I cancel my previous request of hav	ring my home address not be dis	closed.		
The Information Practices Act of 1977 (Calificollecting personal information from individual address withhold processing. Furnishing the action not being processed or being processed Legal references authorizing the maintenance thereto; and California Government Code Sefrom the Trustees of the California State Unitemployees have the right to review their own Division, State Controller's Office, P.O. Box	fornia Civil Code Section 1798.17) a puals. Information requested on this formation on this form is dincorrectly. The of this information include: Federal ctions 12470 through 12479 and 16 versity. The personal information maintained by	form, which includes the so is mandatory. Failure to pro al Internal Revenue Code (2 391 through 16395; delega by the State Controller's Off	cial security number, is used for ovide the mandatory information 6 USC Sections 3402(a), 6011 ted authority from the State Pe	or the purposes of identification and the may result in the address withhold , 6051, and 6109) and the regulations rsonnel Board; and delegated authority aw. Contact: Personnel/Payroll Services
EMPLOYEE SIGNATURE				DATE SIGNED
	PERSONN	NEL OFFICE USE O	NLY	
REVIEWER'S SIGNATURE		TELEPHONE NUMBER		DATE REVIEWED
AGENCY	UNIT	KEYED BY		DATE KEYED

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

STD. 686 (REV. 7/2007) (FRONT)

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST

A 01 AGENCY PERSONNEL OFFICE USE

02 UNIT

03 KEYED BY 04 DATE KEYED

NEW EMPLOYEE	NEW EMPL				NEW EMPLOYEE	04 EMF	OT EMP	ADDRES				0				m - 02 12	WITHHO!	C 01 SOC	NOTE:		CHECK OF
		NEW EMPLOYEE OR BIRTHDATE CORRECTION EM		01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:		O4 EMPLOYMENT LIST Check this box and enter your phone number(s) if departmental employment list. (See back of third page.)	01 EMPLOYEE ADDRESS (Street, Rural Route or P.O. Box)	ADDRESS CHANGE OR NEW EMPLOYEE	HEAD OF HOUSEHOLD	MARRIED	SINGLE	04 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One)	SPECIAL TREATMENT OF STATE ALLOWANCES - Complete boxes 03 thru 05 if you wish your State withholding to be different than what you claim for Federal withholding. IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.	MARRIED	SINGLE	FEDERAL AND STATE ALLOWANCE—For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only. NONRESIDENT ALIEN (See back of third page) MARITAL STATUS FOR TAX PURPOSES ONLY (Check One)	WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE "IMPORTANT" Before completing Section E, you must read IRS F	01 SOCIAL SECURITY NUMBER	NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.	New Employee SECTIONS C, E, F, G, H, I	CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.
I certify that the about that the number of from withholding, I controller's Office to	FLOTEE SIN	ラニ つくロロ クト		NCY OR	USED TO LOCA	phone number(s) back of third pag	O. Bex)	*See	NOTE:	8	05	ONLY	OWANCES - C	NOTE:	03	-For Tax Purpose back of third pa ONLY (Check On	R NEW EMP	02 EMPLOYEE LAST NAME	e, First Name, a	ء ا	TE LISTED SE
Leefly that the above information is true and correct and that I have read the IRS Form W-4 and the applicable state form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax seasility for last year and that I anticopate that I will incur no islability that year and that I anticopate that I will incur no islability that year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Society and Medicare taxes; I certify that I shall not claim as a refund or created for these controller's Controller's Office to refund any overcollection of current/prior year Social Society and Medicare taxes; I certify that I shall not claim as a refund or create for these social for these controllers.		EMPLOYEE SIGNATURE		01 LAST NAME (if different)	THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR	If your address is changing and your name appears		Back of Third Page	FE: Employers may be required to notify EDD if more than 10 allowances are claimed.	ADDITIONAL ALLOWANCE(S) Total you are claiming	REGULAR ALLOWANCE(S) Total you are claiming		omplete boxes 03 thru 05 if you wis ARE NOT COMPLETED, CURREN	E: Employers may be required to notify IRS of the number of allowances claimed.	TOTAL - Number of allowances you are claiming	ss Only. If no tax should be withheld sge)	OWANCE CHANGE OR NEW EMPLOYEE Before completing Section E, you must read IRS Form W-4 and the applicable state tax form. (For California use Form	LAST NAME	and Middle Initial must be enter	Withholding Allowance Change SECTIONS C, E, I	
I have read the IRS laimed on this certific year and that I antic year Social Security.			MO	03 SE	T SERVICE FOR	d your name ap			red to notify E laimed.	OWANCE(S)	VANCE(S)		sh your State with	red to notify iR aimed.	of allowances laiming	, complete Part N	plicable state ta		red exactly as s		OMPLETED F
Form W-4 and the are does not exce that I will income and Medicare taxes			¥	03 SEPARATED 04 L	STATE SERVIC	pears on any			DD if more				nolding to be			or V only.	x form. (For C		hown on Soci	*Address Change	ORM TO YOU
applicable state form. Under the ped the number to which I am enter to liability this year. I authorize to certify that I shall not claim a to				04 LAST EMPLOYED BY CALIF (City, County, Public School	E CREDITS AND/OR RETI	WOF	02 CITY		Information on		NOTE: This e	08 I claim exemption refund of ALL in	IV. EXEMPTION FRO No Federal or Sta	8	I hereby authorize the amount specified below	III. ADDITIONAL DE withheld from you completed. The fir processed. IF BO	alifornia use Form DE-4.)	03 FIRST NAME AND MIDD	al Security card.	nge SECTIONS C, F, I	RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE
enaities of perjury, I fled. If claiming exe my employer via thu x refund or credit to				CALIFORNIA PUBLIC AGENCY OF School or Utility, etc.)	RETIREMENT SYSTEM BENEFITS.	WORK PHONE			ion on back of third page.):	GES - Check	xemption will au ry 31 of next year	emption from withholding ALL income tax withheld. ALL income tax withheld.	J FROM WITHHOLDING - Che or State income tax will be withi rmation on back of third page.)	FEDE	State Controll v. I understand	DUCTIONS - r wages. Part i st deduction w XES ARE NOT)	MIDDLE INITIAL		g G	·
-				AGENCY OF:	M BENEFITS.				(e.):	box 09 if wag	tomatically expir. Employers m	ng because of n id, AND this yea id.	DING – Check will be withheld hird page.)	FEDERAL ADDITIONAL DEDUCTION	er to deduct in that if boxes	Complete box (and Part II, it ill be made from COMPLETEI				Name (Attach Su SECTIO	SE BALLPOI
REVIEWER'S SIGNATURE		PERSONNEL OFFICE USE		05 L					מ ט סרטראמ	e State are eithe	e on February 1	o <i>tax liability.</i> Las ır I do not expect	box 08 if you a	07	nonthly from n are not comple	06 and/or 07 i your State alk m your earnin D, CURRENT I		D FOR	NAME CHANGE	Name Change (Attach Substantiation) SECTIONS C, D, I	USE BALLPOINT PEN AND PRINT CLEARLY.
NATURE	100			05 LAST NAME (if different)		HOME PHONE			ראיי ריי	give are not su	5 of next year	t year I did not o	are eligible to ges. DO NOT	\$	ny wages the ted, current d	f you wish addowance claim gs for the pay DEDUCTION:		FORMER NAME (Last, First and Middle)	ANGE	07	RINT CLEAF
				ferent)		Ž	STATE		**************************************	R OF A CHU	unless you ou earn mo	ome tax and	daim exer		additional eductions,	ditional Fed differs from period in v S (IF ANY)		t, First and N		Birth	צרץ.
			MO YR	06 SEPARATED			03 ZIP CODE		Toda College	AXABLE WAGES — Check box 09 if wages you will receive are not subject to income tax withholding. I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her	This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. Employers may be required to notify IRS if you earn more than \$200 per week.	I claim exemption from withholding because of no tax liability. Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld. AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.	EXEMPTION FROM WITHHOLDING – Check box 08 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II OR III. (See General Information on back of third page.)	STATE ADDITIONAL DEDUCTION	I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled.	ADDITIONAL DEDUCTIONS - Complete box 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.		Middle)		Birthdate Correction SECTIONS C, H, I	NO CARBON REQUIRED.

⊼

DAY

White - Personnel/Payroll Services Div.

Yellow - Personnel

EMPLOYEE ACTION REQUEST STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

STD. 686 (REV. 7/2007) (BACK, EMPLOYEE COPY)

INFORMATION FOR EMPLOYEES COVERED BY THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail You are entering into membership in the Public Employees' Retirement System (PERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those

BENEFICIARIES FOR DEATH BENEFITS

- STATUTORY BENEFICIARIES If you should die while in employment covered by PERS and you do not name other beneficiaries, death benefits will be paid to your survivors in the following order
- a. Your spouse (husband or wife) or domestic partner, your children (share and share alike) b. If you have no spouse or domestic partner, your children (share and share alike)
- c. If you have no spouse, domestic partner, or children, your parents (share and share alike).
 d. If you have none of the above, the benefits will be paid to your estate. If your estate will not be probated, payment will be made to next of kin as provided by law
- NAMING DIFFERENT BENEFICIARIES If you wish, you may at any time name different beneficiaries or change the order of those listed as statutory. To do so, you must file with PERS, a Beneficiary Designation (State Form STD. 241), obtainable from your personnel office. DO NOT FILE FORM STD. 241 IF THE STATUTORY BENEFICIARIES LISTED IN ITEM NO. 1 ARE SATISFACTORY.

statutory beneficiaries as listed in Item No. 1. If the statutory beneficiaries are not satisfactory, you must file a form STD. 241 to reflect your desired change. Each time you have a change in marital or domestic partnership status, or you acquire a child by birth or adoption, the Public Employees' Retirement Law will automatically revoke any previously named beneficiaries and establish

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

credit for state employment in which you were not a PERS member. Additional retirement service credit will in most cases increase your potential retirement benefits. Information on restoration or purchase of retirement service credit may be obtained by writing to the Public Employees' Retirement System, Member Services Division - 832, P.O. Box 942704, Sacramento, CA 94229-2704 service; or your previous state service can be restored at no cost if you are a member of the second-tier plan and you have elected to have all past service credited to your account. You may also have the right to receive retirement service If you were a former member of the Public Employees' Retirement System (PERS) and withdrew your contributions, you have the right to redeposit those funds as a member of the first-tier retirement plan and restore your previous

GENERAL INFORMATION

personnel office for special instructions IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING, but not exempt from both, contact your resident Alien box. If you have questions as to whether you should mark this box, you should contact your human resources office IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76 check the Non

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the The reason must be one of the following: space

- "Minister of the church in the exercise of his / her ministry" employed by the State of California as a Chaplain
- "Nonimmigrant Alien per Tax Treaty" (indicate on claim: "Exempt per Article (Country).") Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption. of treaty between United States and
- "Deceased Employee Wages" agency administrative action.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR ELIGIBILITY UNDER ANY OF THE ABOVE REASONS, you should contact your local Internal Revenue Service Office or the Employment Tax District Office of the Employment

It does not include the California Agricultural Associations, the University of California or Legislative employees Uniform State Payroll System includes all California State Agencies (except as noted below) and the California State Universities EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

EARNED INCOME CREDIT (EIC)

requirements relating to your annual income and family size. You have the option of receiving advance payments of the earned local IRS office or can be ordered by calling 1-800-829-3676. advance EIC payments, you must complete a Form W-5, Earned Income Advance Payment Certificate. The W-5 is available at you file. To find out more information about the credit, contact your personnel/payroll office or IRS at 1-800-829-1040. income credit each month or claiming the credit on Form 1040 or 1040A, your annual tax return, and receiving the credit when you You may be entitled to an income tax refund or credit from the Internal Revenue Service (IRS) if you meet certain eligibility To request

ADDRESS CHANGE

IF YOU HAVE A U.S. SAVINGS BOND DEDUCTION and the address of the registered owner is changing, you must complete a new United States Savings Bonds Purchase/Payroll Deduction Authorization, STD. 242.

address change with deduction companies IF YOU HAVE OTHER DEDUCTIONS, you must change your address with the deduction company. This form does not affect an

and your address is changing, check Box 04 and enter your phone number(s) in Section F. Your department will list(s) with this information IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.) update the appropriate

Government Code Sections 12470 through 12479 and 16391 through 16395, California Unemployment Insurance Code Section 13020, delegated authority

Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental entities when required of Social Services, Department of Finance, Public Employees' Retirement System, employing State agencies and campuses, Social Security Administration Personnel Board, Department of Personnel Administration, Trustees of the California State University, Employment Development Department, Depar from the State Personnel Board; and delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law, State

Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878

PRIVACY NOTIFICATION

notice to be provided when collecting personal information from individuals.

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. The The Information Practices Act of 1977 (California Civil Code Section 1798 17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this

other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC information will be used by the State Controller's Office for personnel, payroll, retirement and health benefits processing Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment formation is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish

3402(a), 6011, 6051, and 6109) and the regulations thereto,

Federal Public Health and Welfare Code (42 USC Section

403); and California

state or federal law, organizations for which deductions are authorized by law, and collective bargaining organizations

Employees have the right to review their own personal information maintained by the State Controller's Office unless access is exempted by law

SEPARATION/DISPOSITION OF CALPERS CONTRIBUTIONS

STD, 687 (REV, 10/2004)

THE FOLLOWING CONTAINS INFORMATION ON THE RIGHTS OF MEMBERS IF THEY ARE <u>SEPARATING FROM STATE</u> <u>EMPLOYMENT</u>, WHICH INCLUDES ACCEPTING A POSITION AT A PUBLIC AGENCY COVERED BY ANOTHER CALIFORNIA PUBLIC RETIREMENT SYSTEM, CREATING <u>RECIPROCAL</u> RIGHTS

NOTE: If you are moving from one CalPERS covered employer to another, you may not withdraw your CalPERS contributions

A. NOTICE TO FIRST TIER MEMBERS ELECTING A REFUND OF RETIREMENT CONTRIBUTIONS

The refund you receive from CalPERS is subject to 20% Federal income tax withholding. Withholding applies only to the portion of your refund that is subject to Federal income tax (i.e., interest your contributions have earned and any tax deferred contributions, if applicable). Whether you elect to receive your refund or roll it over, you have the option of having 2% of the taxable portion withheld for California state income tax. For additional information on income tax, rollovers, and excise tax, refer to the BAS-500, "IMPORTANT CALPERS REFUND TAX INFORMATION", attached.

B. NOTICE TO SECOND TIER MEMBERS WHO ARE TERMINATING EMPLOYMENT

If you are a vested Second Tier member, and you terminate your employment, your service will be placed in a deferred retirement status without action on your part. When you reach age 55, you will be eligible to receive a retirement allowance from CalPERS. (You are vested if you have at least 10 years of service credit.)

C. ALL MEMBERS WHO ACCEPT EMPLOYMENT COVERED BY A RETIREMENT SYSTEM HAVING A RECIPROCAL AGREEMENT WITH CALPERS

At present the following are CalPERS reciprocal systems:

 1937 Act County System (inclusive of Districts affiliated with each County Retirement System);

Mendocino San Mateo Alameda Contra Costa Merced Santa Barbara Orange Fresno Sonoma Imperial Sacramento Stanislaus Kern San Bernardino Tulare Los Angeles Ventura San Diego

Marin San Joaquin

- The University of California
- Other California Public Agencies:

Cities of Concord, Costa Mesa (safety only), Fresno, Oakland (non-safety), Pasadena, Sacramento, San Clemente (non-safety), San Diego, and San Jose; East Bay Municipal Utility District, East Bay Regional Park District; Contra Costa Water District; County of San Luis Obispo, and the City and County of San Francisco; Long Beach Schools Business Management System; Los Angeles City Retirement System; Los Angeles County Metropolitan Transportation Authority, California Administrative Services Authority.

- As a member of CalPERS accepting employment covered by one of the reciprocal retirement systems, you will have certain rights if:
 - You enter employment in which you become a member of a reciprocal system within 6 months after separating from CalPERScovered employment, and
 - b. You elect to leave your contributions on deposit with CalPERS

and inform CalPERS of the name of the public agency in which you will be or are employed.

- 2. The rights of such membership if continued are:
 - a. The final compensation used to determine your benefits under CalPERS will be the highest earned under the two systems provided you retire concurrently under both systems;
 - Your service under all reciprocal systems will be considered to determine eligibility for benefits under the several systems;
 - c. The basic death benefit or disability retirement;
 - d. A rate of contribution to the public agency retirement system based on your age of entry into membership in CalPERS or another reciprocal retirement system.
- Contributions you elect to leave on deposit in CalPERS may not be withdrawn while you remain in employment covered by one of the reciprocal systems.
- If you wish to advise CalPERS directly of your election to establish reciprocity, please send written correspondence to the address listed under Section D.

NOTE: Be sure to notify CalPERS of any future address change to ensure delivery of your Annual Member Statement.

D. ALL MEMBERS WHO ACCEPT EMPLOYMENT COVERED BY THE STATE TEACHERS' RETIREMENT SYSTEM, LEGISLATORS' RETIREMENT SYSTEM, OR THE JUDGES' RETIREMENT SYSTEM I/II

- As a member of CalPERS accepting employment covered by the State Teachers' Retirement System, Legislators' Retirement System, or Judges' Retirement System I/II, you will have certain rights if you elect to leave your contributions on deposit with CalPERS and inform CalPERS of the name of the other retirement system.
- If you elect to continue your membership, the final compensation used to determine your benefits under CalPERS will be the highest earned under the two systems provided you retire concurrently under both systems.
- Contributions you elect to leave on deposit in CalPERS may not be withdrawn while you remain in employment covered by one of these retirement systems.
- If you wish to advise CalPERS directly of your employment covered by one of these retirement systems, please send written correspondence to the following address.

CalPERS
Member Services Division, Unit 841
P. O. Box 942704
Sacramento, CA 94229-2704
(888) CalPERS 225-7377
Telecommunications Device for the Deaf
(916) 795-3240; FAX (916) 795-1224

NOTE: Be sure to notify CalPERS of any future address change to ensure delivery of your Annual Member Statement.

PRIVACY NOTIFICATION

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. This notice is required by Section 1798.17 of the Information Practices Act of 1977 (California Civil Code Sections 1796 through 1796.76) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) to be provided whenever an agency requests personal information from an individual.

The information on this form is to be used by the State Controller's Office and the Public Employees' Retirement System (CalPERS) for the purposes of identification and processing retirement contributions. Where authorized by law, address information may be transferred to the following governmental agencies: Internal Revenue Service and Franchise Tax Board. Certain items of information provided on this form may be transferred to the following governmental agencies where authorized by law: Employment Development Department, Department of Social Services, Social Security Administration, Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus, and other governmental entities when required by state or federal law.

It is mandatory that you furnish the information requested on this form. Failure to furnish the requested information may result in an inaccurate determination of credit for State service, payroll calculations, and retirement and/or health benefits.

Legal references authorizing maintenance of this information include the Internal Revenue Code, Sections 6011, 6051 and 6109 (26 USCA 6011, 6051, 6109), and the regulations thereto.

Employees have the right to review their own personal information maintained by the State Controller's Office, unless access is exempted by law. The following office is responsible for the system of records and shall, upon request, inform you of the location of your records and the categories of persons using the information therein: Personnel/Payroll Services Division, State Controller's Office, P. O. Box 942850. Sacramento, CA 94250-5878.

SEPARATION/DISPOSITION OF CALPERS CONTRIBUTIONS

IMPORTANT CALPERS REFUND TAX INFORMATION

The following consists of summarized tax information and is provided in accordance with Section 402(f) of the Internal Revenue Code. AS CALPERS CANNOT PROVIDE SPECIFIC INFORMATION OR TAX ADVICE, PLEASE SEE YOUR TAX CONSULTANT, THE INTERNAL REVENUE SERVICE OR THE STATE FRANCHISE TAXBOARD. FOR ADDITIONAL INFORMATION CONCERNING ROLLOVERS, CONSULT THE APPROPRIATE FINANCIAL INSTITUTION OF YOUR CHOICE.

ROLLOVERS—An "eligible rollover distribution" consists of the taxable portion of a refund of your contributions, including interest, due to a separation from all CalPERS-covered employment. You may avoid current taxation on any portion of the taxable amount of an eligible rollover distribution by rolling over that portion into an individual retirement arrangement (IRA) or another qualified employer retirement plan that accepts rollover contributions. A tax-free rollover of the taxable amount of an eligible rollover distribution may be accomplished in one of the following ways:

- 1) Direct Rollover You may direct CalPERS to transfer all or any portion of the taxable amount of the distribution to a specified IRA or qualified defined contribution plan that accepts rollovers. It cannot be made to another defined benefit plan such as CalPERS. However, the portion to be directly rolled over must be at least \$500. Taxes will be reportable when you take the money out of an IRA or other qualified plan.
- 2) Regular Rollover You may take an in-hand distribution and, not later than 60 days after you receive the distribution, transfer all or a portion of the taxable portion of the distribution to an IRA or qualified plan that accepts rollovers. Taxes will be reportable when you take the money out of an IRA or other qualified plan.

Even if you plan to roll over the taxable portion of the eligible distribution, <u>unless you elect a Direct Rollover, you will only receive 80% of your distribution</u>. Federal tax rules require CalPERS to automatically deduct 20% federal tax withholding from the taxable portion of your refund, if it is over \$200.

If you wish to make the Regular Rollover for the full 100%, you will have to make up the 20% difference out-of-pocket. You will also be taxed on the 20% that was withheld. When filing your individual tax return you then can get a refund of the amount withheld to the extent you have no further tax liability.

Early distributions from a qualified retirement plan are subject to an early withdrawal penalty tax of 10% federal and 2 1/2% State tax on the taxable portion of the distribution PLUS any income tax due on the distribution if it is received prior to age 59 1/2, unless an exception applies.

Please be aware not all distributions are eligible to be rolled over. Any distribution that is part of a series of substantially equal periodic payments made at least annually under a life annuity, over life expectancy or over a specified period of 10 or more years is ineligible

to be rolled over. Also ineligible for rollover treatment is the amount of a distribution that is necessary to satisfy the minimum distribution requirements that apply after you separate from employment or you turn age 70 1/2, whichever occurs later.

EXCEPTION TO THE ADDITIONAL TAX – There are some instances where an individual will be exempt from the early withdrawal penalty tax even if he/she takes an early distribution from a qualified retirement plan. These are as follows:

- 1) receipt of a CalPERS service or disability retirement benefit, paid as a monthly allowance over you/your beneficiary's life; or
- 2) a lump sum distribution, if made to a beneficiary because of your death; or
- 3) a lump sum distribution, if made to you because of your separation from service after attaining age 55 or after becoming disabled.

FIVE AND TEN-YEAR AVERAGING/CAPITAL GAIN—If you receive a lump sum distribution after you are age 59 1/2, you may be able to make a one-time election to figure the tax on the payment by using "5-year averaging". To qualify for 5-year tax averaging, you must be at least age 59 1/2 and have participated in CalPERS (the plan making the distribution) for no less than 5 years before the year the distribution is made.

If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging" (using 1986 tax rates). Only one election is available to an individual, and if made, eliminates the ability to elect 5-year averaging and capital gain treatment after attaining age 59 1/2. However, any 10-year averaging election made prior to January 1, 1987, and before attaining age 59 1/2, does not count toward your one election.

If you were born prior to January 1, 1936 and you receive a lump sum distribution, any pre-1974 CalPERS contributions you paid (if applicable) may be taxed as long-term "capital gain" at a rate of 20%.

<u>CALIFORNIA STATE TAX WITHHOLDING</u>—Whether you elect to receive a refund OR directly roll over your contributions, you may choose to have state tax withheld or not withheld. State tax, if withheld, is 2% of the taxable portion of the refund. An individual also has the right to revoke or change their choice prior to the mailing of their contributions.

For California residents who do not make a choice, 2% will <u>automatically</u> be withheld for State tax even if you elect a rollover.

For **individuals who reside outside of California**, no state tax will be withheld unless specifically requested. Please be aware that you may still owe California state taxes.

Publications are available from the Internal Revenue Service which provide specific information on special tax treatment on lump sum distributions. If you have state tax liability questions, contact the State Franchise Tax Board.

STATEOFCALIFORNIA

SEPARATION/DISPOSITION OF CALPERS CONTRIBUTIONS

STD.687 (REV. 10/2004)

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02 UNIT 03 ADD'L IDENTIFICATION

01 AGENCY

4

PERSONNEL OFFICE USE

IMPORTANT: NO REFUND OR ROLLOVER OF A REFUND WILL BE PROCESSED IF YOUR INITIALS DO NOT APPEAR AFTER THE WAIVER OF RIGHTS am aware of my service and disability rights under CalPERS. I have read the description of rights, and the benefit calculation formula and table set forth in the CalPERS member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights and understand that by requesting a refund, I am forfeiting all future retirement benefits. TO CONTINUE MEMBERSHIP--Contributions, if any, will continue to earn interest, and you will not accrue further service unless you return to CaIPERS-covered employment. If you have 5 years of I ELECT TO CONTINUE MEMBERSHIP IN CALPERS AND ESTABLISH RECIPROCITY (AS EXPLAINED IN SECTIONS DAND E ON THE REVERSE SIDE OF THE EMPLOYEE COPY) BY ACCEPTING EMPLOYMENT WITH THE FOLLOWING PUBLIC AGENCY, WHICH PROVIDES MEMBERSHIP IN ANOTHER CALIFORNIA PUBLIC RETIREMENT SYSTEM. service credit and elect to leave your contributions on deposit, you can apply for service retirement at age 50 and receive a monthly allowance. For a retirement estimate, use the "calculator" on SPOUSE/REGISTERED DOMESTIC PARTNER: Toerthy that lam aware of my spouke Sipartner arequest for a refund of contributions. EMPLOYEE/SPOUSALITERIED DOMESTIC PARTNER SIGNATURE—Spouse Sified istered Domestic Partner's signature is required for refund election. IMPORTANT—If not signed, the Justification for Nonsignature form must be completed (Member's Initials) 03 ZIP CODE PHONE CaIPERS Website at www.calpers.ca.gov. Before checking either box, read the information contained in Sections B through E on the reverse side of the employee copy. OTHER STATE DATESIGNED (Entername of Public Agency / Retirement System / University of California) 9 SEPARATION WITHOUT FAULT BY DEPARTMENT OR CAMPUS MAILING ADDRESS.-Your Wage and Tax Statement (Form W-2) and any final warrants and/or retirement retund will be mailed to the address entered below. DISPOSITION OF CALPERS CONTRIBUTIONS (Check One Box Only) IF YOU ARE RETIRING, DO NOT COMPLETE THIS SECTION STATEMENT 03 FIRST NAME AND MIDDLE INITIAL CALIFORNIA STATE TAX WITHHOLDING (Before checking either box, read the information contained in the form BAS-500) SPOUSE'S/DOMESTIC PARTNER'S SIGNATURE REASON FOR EMPLOYEE'S UNAVAILABILITY REVIEWER'S SIGNATURE ဗ This resignation is executed by me freely and voluntarily and of my own free will and a not given by reason of any threat, force, duress, or any undue influence by any person (Sign in Section G). TO TERMINATE MEMBERSHIP—To be eligible for a refund you must have service under the first tier and be permanently separating from ALL CALPERS-covered employment. Before checking either box, read the information PERSONNEL OFFICE USE LELECT TO HAVE 2% OF THE TAXABLE PORTION WITHHELD FOR STATE INCOME TAX (APPLICABLE TO OUT-OF-STATE RESIDENTS ALSO) DE CITY 8 I ELECT TO TERMINATE MY MEMBERSHIP IN CALPERS AND *DIRECTLY RECEIVE A REFUND* OF MY TOTAL CONTRIBUTIONS, I UNDERSTAND THAT 20% OF THE TAXABLE AMOUNT WILL BE WITHHELD FOR FEDERAL INCOME TAXES AS DESCRIBED IN THE ATTACHED BAS-500 FORM. I ELECT TO TERMINATE MY MEMBERSHIP IN CALPERS AND *DIRECTLY ROLLOVER* THE TAXABLE PORTION OF MY TOTAL CONTRIBUTIONS TO THE FINANCIAL INSTITUTION OR PLAN NAMED ON THE CALPERS DIRECT ROLLOVER ELECTION, ATTACHED. × Enter the last date CalPERS contributions were or **EMPLOYEE UNAVAILABLE** for completion of Section D. The employee has been advised that he/she must request the disposition of his/her retirement contributions in writing directly from CaIPERS. will be deducted from employee's pay. See DATESIGNED instructions in PAM or CSU PIMS Manual. I ELECT TO CONTINUE MEMBERSHIP IN CALPERS AND LEAVE MY CONTRIBU-TIONS AND/OR SERVICE CREDIT ON DEPOSIT. SEPARATION DATE AND TYPE OF SEPARATION (Check One, contained in Section A on the reverse side of the employee copy. EMPLOYEE: I certify that the above information is true and correct REASON FOR RESIGNATION 02 EMPLOYEE LAST NAME RESIGNATION 01 EMPLOYEE ADDRESS (Street, Rural Route or P. O. Box) 02 020 LAST DATE OF CONTRIBUTIONS X YEAR 01 SOCIAL SECURITY NUMBER DAY **EMPLOYEE'S SIGNATURE** 21 SEPARATION DATE YES DAY OW HINOM 8 5 6 02 8 0 × ပ G I m Ш

PINK--Employee

YELLOW--Personnel

DISTRIBUTION: WHITE--Personnel/Payroll Services Division

SEPARATION/DISPOSITION OF CALPERS CONTRIBUTIONS

STD. 687 (REV. 10/2004)

JUSTIFICATION FOR NONSIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions.

If a spouse's or registered domestic partner's signature does not appear on the election to terminate CalPERS membership in Section G, the following information **MUST** be completed by the member.

SECURITY NUMBER	MEMBER'S NAME
CATION SUBMITTED (Form Name and Number)	
PARATION/DISPOSITION	I OF CALPERS CONTRIBUTIONS, STD. 687
I am not legally married o	or do not have a registered domestic partner.
I am married, but my spo	ouse or registered domestic partner did not sign the form because:
I do not know an domestic partne	d have taken all reasonable steps to determine the whereabouts of my spouse or registered r; OR,
L	gistered domestic partner has been advised of the refund application and has refused to sign owledgement; OR,
1 1 -	gistered domestic partner is incapable of executing the acknowledgment because of an ental or physical condition; OR,
My spouse or re	gistered domestic partner has no identifiable community property interest in the benefit; OR
·	gistered domestic partner and I have executed a spousal or domestic partner settlement h makes the community property law inapplicable.
I CERTIFY UNDER PENALTY	OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.
BER'S SIGNATURE	DATE SIGNED

STATE OF CALIFORNIA

SEPARATION/DISPOSITION OF CALPERS CONTRIBUTIONS

STD. 687 (REV. 10/2004)

Caipers Direct Rollover Election Form

IMPORTANT:

The Rollover Election form must be completed and returned to CalPERS. YOUR ROLLOVER ELECTION CANNOT BE PROCESSED UNTIL THIS FORM IS RECEIVED BY CalPERS. Mail to: CalPERS, Section 445,

P. O. Box 942711, Sacramento, CA 94229-2711.

DO NOT SUBMIT A TRANSFER FORM FROM YOUR FINANCIAL INSTITUTION IN LIEU OF THE FOLLOWING INFORMATION.

IN ORMATION.

Please either type or print clearly.

I certify that the inst accept a rollover by	tution / plan named above is eligible under the direct transfer and agrees to receive my CalPl	provisions of the Internal I ERS funds and deposit the	Revenue Code to m as indicated.
	ant will be made payable to your financial instit		
INSTITUTION OR PLAN NAME			ACCOUNT NUMBER
IRA	OTHER ELIGIBLE RETIREMENT PLA	AN	-
IOLL OVER THE TAXABLE PORTION OF MY	RETIREMENT CONTRIBUTIONS DIRECTLY TO (Type of Account)		
DIRECT ROLLOVER ELECTION	DN		
()			
AYTIME TELEPHONE NUMBER			
STREET ADDRESS*	CITY	STATE	ZIP CODE
IEMBER NAME			SOCIAL SECURITY NUMBER

STATE OF CALIFORNIA - STATE PERSONNEL BOARD

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

STD. 689 (REV. 5/2002)

Oath may be administered by a person having general authority by law to administer oaths, or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1-OATH OF ALLEGIANCE TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

WHO MUST SIGN OATH—As required in Section 3 of Article XX of the Constitution of the State of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED—As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

the date of the oath.		
OATH OF ALLEGIANCE (Type or print name of e		
true faith and allegiance to the Constitution	onstitution of the State of C of the United States and the	, do solemnly swear (or affirm) that I will support and defend the alifornia against all enemies, foreign and domestic; that I will beat a Constitution of the State of California; that I take this obligation will well and faithfully discharge the duties upon which I am about
	accredited by the Californ	tion 3105, all oaths for public employees and all volunteers in an a Emergency Council shall be filed in the official employee fil public record.
	er in any disaster council o	to compensation or reimbursement for expenses incurred shall be emergency organization accredited by the California Emergency or affirmation.
PENALTIES (Government Code)		
		or affirmation required by this chapter, states as true any is punishable by imprisonment in the state prison not less
то ве	ART 2—DECLARATION OF PER COMPLETED BY LEGALLY EM	MISSION TO WORK PLOYED NONCITIZENS ONLY
I am a lawful permanent resident alien of th	e United States.	YES NO
If NO, please read the following:		
I hereby certify that I have permission to we the United States government to the appoin		declared any restrictions placed upon me in this regard by
PART 3-SIGN. TO BE COMPLETED	ATURE AND CERTIFICATION (A	lo fee may be charged for administering) AND LEGALLY EMPLOYED NONCIT IZENS
MPLOYEE'S SIGNATURE		
S. TATE DEPARTMENT OR AGENCY	DIVISION/UNIT	
Taken and subscribed before n	ne this	
day of		
JTHORIZED OFFICIAL'S SIGNATURE B.		
JTHORIZED OFFICIAL'S TITLE		
	W	(SEAL)

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN ENROLLMENT AUTHORIZATION

STD. 692 (REV. 5/2007)



PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY-SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE

		·									
SECTION A				SE	CTION B						
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NEW - ENROLLING IN A PLAN	FOR THE FIRS	ST TIME (Complete Sections	A, B, and D)								
CANCEL - CANCELLING COVERAGE FOR ALL ENROLLEES (Complete Sections A, C, and D)		PROVIDER/FACILITY NUMBER (If applicable)									
CHANGE - CHANGING PLANS	OR DEPENDE	NT COVERAGE (Complete 8	iections A, B, C, and D)		The same of the sa	ar VVIII or Alleste I	100 100 100 1 100 1 T 100				
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SECTION D											
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ARE ELIGIBLE FAMILY MEM	BERS AS DEFIN	NED BY THE STATE OF CAL	IFORNIA AND ARE NO	I ENR	OLLED IN ANO	IHER STAT	E OF C	ALIFORNIA DENTAL I	LAN.		
I ELECT TO CANCEL THE DE	NTAL PLAN SH	HOWN ABOVE									
EMPLOYEE'S OR ANNUITANT'S	SIGNATURE (S	ee Privacy Information on rev	erse of employee copy.)					3. DATE SIGNED			
ECTION E (FOR AGENC)	OP RETIR	EMENT SYSTEM US	F ONLY)								
	NTAL ORG.	3. EMPLOYEE or	4. PARTY CODE		TATE SHARE	6. PAY		7. EMPLOYEE		ARGAINING	9. TOTAL
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o. REMARKS					I hereby certify	under pena	alty of p	erjury as follows: That agency and that I am	t I am authoriz	the duly appo ted to make th	inted, qualified an his certification; the
					the employee n	amed herei	n is eligi	ble for enrollment in th	e State	Dental Insura	nce Program.
				7	<u>A</u>						
				20.	TELEPHONE N	IUMBER (in	dicate if	CALNET or give Area	Code)		RECEIVED IN LOYING OFFICE
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STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN ENROLLMENT AUTHORIZATION

STD, 692 (REV. 5/2007) (REVERSE)

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the dental insurance company for the purposes of identification and dental coverage processing.

It is mandatory to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis and are used by the dental insurance company for statistical and actuarial purposes. Failure to provide the mandatory information may result in the dental enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the dental insurance company providing coverage for the employee. Copies of the Dental Plan Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Dental Plan Enrollment Authorization forms upon request. Send requests to: State Controller's Office, Personnel/Payroll Operations Bureau, P. O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.

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STD. 699 (REV. 1/2006)

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

This authorization remains in full force and effect until the State Controller's Office receives written notification from the employee of its termination, or until the State Controller's Office or appointing authority deems it necessary to terminate the agreement.

SECTION A (To be completed by emplo	yee)			
1. TYPE OF ENROLLMENT ACTION	2. SOCIAL SECURITY NUMBER			
NEW SECTIONS A, B, AND C MUST BE COMPLETED	0 hadden 10-	· · · · · · · · · · · · · · · · · · ·	10	
2. CHANGE SECTIONS A, B, AND C MUST	3. NAME (First	Middle	Last)	
3. CANCEL SECTIONS A, B, AND D MUST				
SECTION B (To be completed by emplo	yee if NEW or CHANG I	E box in Section A is checked)		
1. TYPE OF ACCOUNT- MUST BE CHECKED. IF LEFT BLANK	WILL BE PROCESSED AS CHECKING			
C (Checking) S (Savi		in the Cinemain Inc.	Alfution	
2. ROUTING NUMBER	outing/Depositor Ni	umbers with Financial Ins 3. DEPOSITOR ACCOUNT NUMBER	titution	
2. HOD HAS HUMBER		at their season and the season and the season and		
4. FINANCIAL INSTITUTION NAME				
FINANCIAL (Number and Street	State		ZIP)	
INSTITUTION ADDRESS	Without:		5611.2	
SECTION C (To be completed by emplo	vee if NEW or CHANG	E box in Section A is checked)		
	J. J			
I hereby authorize the State Controlle authorized withholding or deductions If at any time the amount of salary or hereby authorize the State Controller (a) Withhold a sum equal (b) Recover such overpay. If the State is legally obligated to with requirements for the Direct Deposit p	therefrom, in the above do wages so deposited excers's Office to either: to the overpayment from fu- ment from the above-designated any part of my wage	esignated account. eds the amount of salary or wages a uture salary or wages; or gnated account. or salary payment for any reason, o	actually due and pa	ayable to me, I
If any action taken by me results in n	onacceptance of a direct of	leposit by the designated financial in	nstitution, I underst	and that the
State assumes no responsibility for p deposit is returned to the State by the		salary or wage payment until the ai	nount of the nonac	ceptance
		SIGNATURE		DATE
		29.		
SECTION D (To be completed by employed	oyee if CANCEL box in	Section A is checked)		
		SIGNATURE		DATE
I hereby cancel my Direct Deposit au	thorization.	<u> </u>		
SECTION E (To be completed by state	agency or campus perso	onnel/payroll office only)		.,
1. AGENCY/CAMPUS NAME			2. AGENCY CODE	3. UNIT
4 REMARKS		5. AUTHORIZED AGENCY/CAMPUS SIGNATURE	E	
TOR SCO ONLY 1. EFFECTIVE DATE MO. DAY YR.		I HEREBY CERTIFY THAT QUALIFIED AND ACTING OFI AGENCY/CAMPUS AND THAT CERTIFY THAT THIS EMPLO DEPOSIT.	I AM THE DU FICER OF THE T, BEING SO A	HEREIN NAMED UTHORIZED, DO
		TELEPHONE NUMBER CHECK IF CALNET		DATE RECEIVED IN EMPLOYING OFFICE MO. DAY YR.

STATE OF CALIFORNIA - CONTROLLER'S OFFICE STD. 699 (REV. 1/2006) (Reverse of Employee copy)

PLEASE READ THIS INFORMATION CAREFULLY

COMPLETION INSTRUCTIONS

1. To enroll in Direct Deposit, complete this form as follows:

General Instructions

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- · Complete Section A and D only if you are cancelling your enrollment.

Specific Instructions

Section A — (Item 1) Type of Enrollment Action

New-Complete for new enrollment or re-enrollment after cancellation Change-Complete to change type of account, financial institution or branch (routing number), or depositor account number Cancel-Complete to cancel your Direct Deposit

Section B — (Item 1) Indicate checking OR savings. Only one box must be checked. If left blank, will be processed as checking.
 (Item 2) Enter Routing Number (cannot begin with a '5' and cannot exceed 9 digits)
 (Item 3) Enter Depositor Number (cannot exceed 17 digits).

IMPORTANT: PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

- 2. Forward your completed form to your personnel/payroll office for completion of Section E.
- 3. Your first payment will be deposited into your designated account within 40 days after your form is received by the Controller's Office.

DIRECT DEPOSIT POSTING DATES

Funds for regular monthly or semi-monthly employees paid on the last day of the pay period should be available the first banking day after the end of the pay period. For example, if the pay period ends on a Wednesday, funds should be available on Thursday. If the pay period ends on a Friday, a weekend, or a holiday, funds should be available on the next banking day.

Funds for positive pay employees paid with a lag between the end of the pay period and pay day are available within two banking days after the issue date of the payment on the direct deposit earnings statement.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new STD. 699 with the new information. DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION. Your first payment into your new account will be within 40 days after your form is received by the Controller's Office. You may receive a paper warrant during this period.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the State Controller's Office for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. Copies of the Enrollment Authorization are maintained in confidential files of the State Controller's Office for six years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/Payroll Operations Branch, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878.

STATE OF CALIFORNIA SAVINGS PLUS PROGRAM

PART-TIME, SEASONAL, TEMPORARY, RETIREMENT PLAN

Benefit Payment Application

This package contains information for your use. Use the applicable information to create the payment method that best meets your needs. Enclosed are the following:

- PST Payment Application
- Special Tax Notice Regarding Plan Payments 402(f)

These instructions summarize the major provisions of federal and State of California tax rules that may apply to your payment. The tax rules are complex and contain many conditions and exceptions that are not included in these instructions. You can find more specific information on the tax treatment of payments from eligible retirement plans in Internal Revenue Service (IRS) Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676).

All information is current as of the date this application was printed. The Plan Administrator reserves the right to amend any of the procedures or plan provisions as outlined in this application or the official Plan Document to conform with governing laws or Internal Revenue Code regulations issued subsequent to the publication of this application. Such changes may be enacted without prior announcement or the expressed consent or agreement of plan participants. If there is any contradiction between the terms of the official Plan Document and this application, the official Plan Document will govern.

INSTRUCTIONS

Section I - Participant Information

Complete the information requested. Provide either your separation date or your CalPERS eligible date. Print clearly.

Section II - Payment Methods - Check one box only.

Direct Payment

This option allows you to receive your entire account balance. This payment will be reported to the Internal Revenue Service (IRS) as ordinary income. If your account balance is less than \$200, Federal and State income taxes will **NOT** be withheld. There will be a **mandatory** 20% withholding for Federal income taxes on amounts of \$200 or more. State income taxes will be withheld at a rate of single with 0 (zero) allowances. A 1099-R will be issued by January 31st of the following year for tax reporting purposes.

Direct Rollover to SPP 457 DCP

As a member of CalPERS, this option will rollover the Part-Time, Seasonal, Temporary (PST) Retirement Plan funds to the Savings Plus Program (SPP) 457 Deferred Compensation Plan's (DCP) Vanguard Total Bond Market Index Fund. Upon posting to the 457 DCP you may exchange all or a portion of the funds to any of the other investments offered through SPP. Exchanges are done via the Voice Response System (VRS) or the SPP Web site. To initiate a salary deferral and select an investment option(s), you will use the VRS or the SPP Web site. You agree to establish a Personal Identification Number (PIN) and be responsible for safeguarding the PIN. The electronic systems will require you to furnish information confirming your identity as the sole person authorized to access the account.

This option will initiate the process of enrolling in a 457 DCP and/or a 401(k) Thrift Plan with the SPP. It authorizes the SPP to establish an account for you, but it does not authorize the amount of your paycheck deductions to go into the account nor set up investment options. To begin paycheck deductions ("salary deferrals") and select your investment option(s), you will be sent an information kit with instructions for completing this process after we receive your signed application. This kit will be sent within 10 business days.

By selecting this option, you agree to read the Summary Plan Description (*Getting Started in Savings Plus* handbook) and to all other terms and conditions of the plan(s). It is your responsibility to obtain and read a copy of the prospectus or disclosure documents pertaining to the investment option(s) you select. You authorize your payroll office to deduct and transmit any deferral amount you may subsequently elect.

If your application is processed on or before the 15th day of any month, you will have an account established by the 25th day of that month. You have until 1:00 p.m. (PT) on the last business day of that month to access the VRS or SPP Web site to start the payroll deduction and choose your investment option(s). For example, if your initial deferral and investment selection is completed by 1:00 p.m. (PT) on September 30th (the last business day of the month), your deferrals will begin with the October pay period (the check you receive in early November).

Direct Rollover to Another Entity

A Rollover from the PST Plan account to an Individual Retirement Account, 401(k) or 403(b) Tax Sheltered Annuity is permitted as a result of the federal Economic Growth and Tax Relief Reconciliation Act (EGTRRA) of 2001 as long as the entity sponsoring the plan accepts 457 funds. The certification must be received and attached to the PST Benefit Payment Application. Check the Direct Rollover to Another Entity box and complete Section III of the application.

If you wish to transfer your PST account to purchase California Public Employees' Retirement System (CalPERS) or California State Teachers' Retirement System (CalSTRS) Service Credit, do not use this form. You must first contact CalPERS at (800) 352-2238 or CalSTRS at (800) 228-5453.

If you are age 70½ or older and elect to rollover your funds, the Required Minimum Distribution will be processed and paid directly to you before the funds are rolled over to the provider. Please refer to the enclosed 402(f) Notice for information regarding Required Minimum Distributions.

Section III - Entity Information and Certification

Obtain accepting entity's certification that they will accept 457 Plan funds. This can be done by attaching the other entity's certification form or by having an authorized agent of the accepting entity sign the certification on this form. Check the type of plan that will receive the funds. Specify the amount that will be rolled over to that entity. Provide the name of the accepting entity, their address, and your account number with that plan.

Section IV - Participant Certification

Read the Special Tax Notice Regarding Plan Payments 402(f), sign, and date the application.

STATE OF CALIFORNIA—SAVINGS PLUS PROGRAM Part-Time, Seasonal, and Temporary Retirement Plan Benefit Payment Application

SECTION I - PARTICIPANT INFORMATION

	CIPANT INFORMATION				
Last Name First Name	MI	Social Security Number			
Street Address		Date of Birth (mmddyyyy)			
City, State, Zip Code	Telephone Number with Area Code	Retirement/Separation Date (mmddyyyy) OR CalPERS Eligible Date			
require that this notice be the Savings Plus Progran requested on this form. F	provided when collecting personal information from in	1798.17) and the Federal Privacy Act (Public Law 93-579) dividuals. Information requested on this form is used by sessing. It is mandatory that you furnish all information on requested not being processed.			
☐ Direct Payment		yment will be reported to the IRS as ordinary income. A year for tax reporting purposes. (Skip to Section IV).			
☐ Direct Rollover to SPP 457 DCP		457 Deferred Compensation Plan			
	Pay Frequency:	Semi-Monthly			
	Payroll Warrant/Check Issued By:	e Controller's Office			
	☐ CDFA/Marketing Council ☐ Ass	embly Rules Committee			
	☐ Joint Legislative Budget Committee ☐ Dist	rict Agricultural Assoc. (Fairs)			
	Note: Check only one box, incorrect payroll office may dela	y processing			
☐ Direct Rollover to Another Entity	100% of the account balance to be transferred to and	ther entity. Complete Section III below.			
	Y INFORMATION AND CERTIFICATION				
Certification of Authorized Agent of Eligible Plan Accepting Funds	Attach a certification form from the receiving entity ag certification below. "This is to certify that we agree to Savings Plus Program 457 Deferred Compensation F	accept a transfer of funds from the State of California			
İ	Accepting Entity Authorized Agent	Date			
Check the type of plan where your funds will be rolled over to (choose only one)	☐ Direct Rollover to IRA (above certification not required Direct Rollover to IRC Section 457 Plan ☐ Direct Rollover to IRC Section 401(k) Plan ☐ Direct Rollover to IRC Section 403(b) Plan	If you are age 70 ½ or older and elect to roll over your funds, the annual required minimum distribution will be paid directly to you before the funds are rolled over to the other entity.			
The rollover check will be made payable to	Name of Trustee/Custodian				
the Trustee/Custodian for your benefit. The	Mailing Address				
check will be mailed directly to the Trustee/Custodian.	City, State,	Zip Code			
(I the second of	Account Number				
SECTION IV - PARTI	CIPANT CERTIFICATION				
"I request distribution to be of the State of California	oe made in accordance with the Plan regulations and r	ny election above. I understand it is within the authority under penalty of perjury that this information is true and e "Special Tax Notice Regarding Plan Payments, 402(f)."			
Signature		Date			

INFORMATION

The Economic Growth and Tax Relief Reconciliation Act of 2001 allows for rollovers from PST Plans to 401(k) Plans, 403(b) Plans and Individual Retirement Accounts, so long as the receiving entities will accept 457 funds. Before the Savings Plus Program can process a roll over, certification by the receiving entity must be attained. The certification must be received and attached to the PST Benefit Payment Application.

You are eligible for a distribution after you retire or separate from all state employment, or have attained CalPERS eligibility. Eligibility will be verified before payment is issued. Payments will be issued 90-120 days after your last contribution posts. Your payment will be mailed to the address you provide on this application.

Distributions from your PST Plan paid directly to you will be reported as a taxable event to the IRS. Distributions for a direct roll over will be reported as a non-taxable event to the IRS. The recordkeeper will mail you a 1099-R by January 31st of the year following distribution.

If you wish to transfer your PST account to purchase CalPERS or CalSTRS Service Credit, do not use this application. You must first, contact CalPERS at (800) 352-2238 or CalSTRS at (800) 228-5453 to request information regarding the purchase of service credit and for the dollar amount of your service credit purchase. Second, complete the 457 Deferred Compensation or Part-Time, Seasonal, Temporary Plan Purchase of Service Credit Form. This form is available on the SPP Web site or by calling our automated Voice Response System. This form will also provide additional information and instruction on how to complete the process.

RETURN THIS APPLICATION TO:

SAVINGS PLUS PROGRAM
PST RETIREMENT PLAN
1800 15TH STREET
SACRAMENTO, CA 95814-6614

CONTACT INFORMATION

SPP Office:

Voice Response System (VRS): (866) 566-4777 24 hours a day, 7 days a week 8:30 a.m. - 4:00 p.m. (PT), Monday - Friday.

To speak with a customer service representative, press *0.

Open 8:00 a.m. - 5:00 p.m. (PT), Monday - Friday

TDD: (916) 327-4266 Fax: (916) 327-1885

SPP Web site: www.sppforu.com

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS, 402(f) 457 DEFERRED COMPENSATION PLAN

This notice explains how you can continue to defer federal income tax on your retirement savings in the 457 Deferred Compensation (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits.

This notice is provided to you by the Savings Plus Program (your "Plan Administrator") because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan). The Plan is a governmental 457 plan.

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions. If this is the case, you may wish instead to roll your distribution over to a traditional IRA or to split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact your plan administrator at 866-566-4777.

SUMMARY

There are two ways you may be able to receive a Plan payment that is eligible for rollover:

- (1) certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"), or
- (2) the payment can be PAID TO YOU.

If you choose a DIRECT ROLLOVER:

- Your payment will not be taxed in the current year and no income tax will be withheld.
 - You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that
 accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education
 Savings Account because these are not traditional IRAs.
 - Your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan.
 Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

If you choose to have a Plan payment that is eligible for rollover PAID TO YOU:

- You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
 - 1. The taxable amount of your payment will be taxed in the current year unless you roll it over.
 - 2. You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.
 - If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other
 money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received,
 you will be taxed on the 20% that was withheld and that is not rolled over.

Your Right to Waive the 30-Day Notice Period.

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

MORE INFORMATION

- I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER
- II. DIRECT ROLLOVER
- III. PAYMENT PAID TO YOU
- IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. Your Plan administrator should be able to tell you whether your payment is an eligible rollover distribution.

The following types of payments <u>cannot</u> be rolled over:

Payments Spread over Long Periods. You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- your lifetime (or a period measured by your life expectancy), or
- your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or
- a period of 10 years or more.

Required Minimum Payments. Beginning when you reach age 70 1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you.

<u>Unforeseeable Emergency Distributions.</u> A distribution on account of an unforeseeable emergency cannot be rolled over.

<u>Distributions of Excess Contributions.</u> A distribution that is made because legal limits on certain contributions were exceeded cannot be rolled over.

<u>Loans Treated as Distributions.</u> The amount of a plan loan that becomes a taxable deemed distribution because of a default cannot be rolled over. However, a loan offset amount is eligible for rollover, as discussed in Part III below. Ask the Plan Administrator of this Plan if distribution of your loan qualifies for rollover treatment.

The Plan Administrator of this Plan should be able to tell you if your payment includes amounts which cannot be rolled over.

II. DIRECT ROLLOVER

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER. This Plan might not let you choose a DIRECT ROLLOVER if your distributions for the year are less than \$200.

DIRECT ROLLOVER to a Traditional IRA. You can open a traditional IRA to receive the direct rollover. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

DIRECT ROLLOVER to a Plan. If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

<u>DIRECT ROLLOVER of a Series of Payments.</u> If you receive a payment that can be rolled over to a traditional IRA or an eligible employer plan that will accept it, and it is paid in a series of payments for less than 10 years, your choice to make or not make a DIRECT ROLLOVER for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

Change in Tax Treatment Resulting from a DIRECT ROLLOVER. The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan. See the sections below entitled "Additional 10% Tax May Apply to Certain Distributions."

III. PAYMENT PAID TO YOU

If your payment can be rolled over (see Part I above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding:

Mandatory Withholding. If any portion of your payment can be rolled over under Part I above and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below) you must report the full \$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

<u>Voluntary Withholding.</u> If any portion of your payment is taxable but cannot be rolled over under Part I above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information.

Sixty-Day Rollover Option. If you receive a payment that can be rolled over under Part I above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: Your payment that can be rolled over under Part I above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

Additional 10% Tax May Apply to Certain Distributions. Distributions from this Plan are generally not subject to the additional 10% tax that applies to pre-age-59 1/2 distributions from other types of plans. However, any distribution from the Plan that is attributable to an amount you rolled over to the Plan (adjusted for investment returns) from another type of eligible employer plan or IRA amount is subject to the additional 10% tax if it is distributed to you before you reach age 59 1/2, unless an exception applies.

Exceptions to the additional 10% tax generally include (1) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (2) payments that are paid from an eligible employer plan after you separate from service with your employer during or after the year you reach age 55, (3) payments that are paid because you retire due to disability, (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that are paid to an alternate payee under a qualified domestic relations order, or (6) payments that do not exceed the amount of your deductible medical expenses. These exceptions may be different for distributions from a traditional IRA. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax does not apply to distributions from the Plan or any other governmental 457 plan, except to the extent the distribution is attributable to an amount you rolled over to the governmental 457 plan (adjusted for investment returns) from another type of eligible employer plan or IRA.

In addition, any amount rolled over from the Plan to another type of eligible employer plan or to a traditional IRA will be subject to the additional 10% tax if it is distributed to you before you reach age 59 1/2, unless an exception applies.

Repayment of Plan Loans. If your employment ends and you have an outstanding loan from your Plan, your employer may reduce (or "offset") your balance in the Plan by the amount of the loan you have not repaid. The amount of your loan offset is treated as a distribution to you at the time of the offset and will be taxed unless you roll over an amount equal to the amount of your loan offset to another qualified employer plan or a traditional IRA within 60 days of the date of the offset. If the amount of your loan offset is the only amount you receive or are treated as having received, no amount will be withheld from it. If you receive other payments of cash or property from the Plan, the 20% withholding amount will be based on the entire amount paid to you, including the amount of the loan offset. The amount withheld will be limited to the amount of other cash or property paid to you. The amount of a defaulted plan loan that is a taxable deemed distribution cannot be rolled over.

IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation.

- If you are a surviving spouse or an alternate payee, you may choose to have a payment that can be rolled over, as described in
 Part I above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the
 payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the
 same choices as the employee.
- If you are a beneficiary other than a surviving spouse or an alternate payee, you cannot choose a direct rollover, and you cannot
 roll over the payment yourself.
- If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59 1/2.

HOW TO OBTAIN ADDITIONAL INFORMATION

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the Plan Administrator or a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov, or by calling 1-800-TAX-FORMS.